

HEALTH AND SAFETY COMMITTEE IDENTIFICATION FORM



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

HEALTH AND SAFETY REPRESENTATIVES

COMPONENT: _____

LOCAL: _____

NAMES OF HEALTH AND SAFETY REPRESENTATIVES:

Representative Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

E-mail Address: _____

Workplace: _____

Representative Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

E-mail Address: _____

Workplace: _____