

# ICWUC LOCAL UNION HEALTH AND SAFETY COMMITTEE FORM

Complete a separate form for each company or bargaining unit with which the local union has a signed agreement.

Local No. \_\_\_\_\_

Date \_\_\_\_\_

Company Name & Address \_\_\_\_\_

(Please Print)

\_\_\_\_\_

(Number & Street)

\_\_\_\_\_

(City, State & Zip Code)

Major Products and Processes \_\_\_\_\_

Number of ICWUC Members in Local \_\_\_\_\_

LOCAL \_\_\_\_\_ has established a Health and Safety Committee to handle problems with working conditions within the bargaining unit listed above. (Please note which members serve on a joint labor/management Health & Safety Committee.)

The CHAIRPERSON of the committee is:

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

COMMITTEE members are (use back of page if necessary):

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

COMMITTEE members (continued)

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Is there a behavioral safety program at any plants which the local represents? \_\_\_\_\_yes \_\_\_\_\_no

Do you have an ergonomics committee at any locations? \_\_\_\_\_yes \_\_\_\_\_no

RETURN TO: ICWU Center for Workers Health & Safety Education, 329 Race Street, Cincinnati, OH 45202