



**Labor/Management  
Committee on Safe and  
Healthy Workplaces**



**New Business:  
Issue Statement**

*This form is for use by agency-level Joint Labor/Management Committees. Use this form to refer an unresolved issue related to the safety and health of a workplace as per Letter of Agreement 101.00-13-249 of Article 101 of the 2013-2015 SEIU Local 503/State of Oregon CBA contract.*

Contact person: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Today's date: \_\_\_\_\_

Statement of issue:

When did this issue arise at your agency?

Whom does this issue impact? Is the issue agency wide or specific to a division or work area?

Number of people affected: \_\_\_\_\_ Location: \_\_\_\_\_

Is the issue covered in any of the following documents? If so, list the document number and attach a copy of the specific document.

- Contract Section(s): \_\_\_\_\_
- Agency Policy and Procedure(s): \_\_\_\_\_
- DAS Policy and Procedure(s): \_\_\_\_\_
- Oregon Administrative Rule(s): OAR \_\_\_\_\_
- Oregon Revised Statute(s): ORS \_\_\_\_\_
- Other materials: \_\_\_\_\_

**What has been done to resolve the issue? Please explain the process followed and controls already in place.**

**What is the proposed remedy?**

**What is the desired result?**

***Please email completed form and any attachments to [SafeandHealthy.LMC@oregon.gov](mailto:SafeandHealthy.LMC@oregon.gov).  
A committee member will contact you to explain the process.***

For Committee Use Only	
Date received: _____	Assigned to meeting date: _____
Committee contact person: _____	
Comments:	