



MAIL FORM TO:
 146-148 Forest Road P.O. Box 9000
 St. John's NL A1A 3B8
FAX FORM TO:
 709.778.1564

CALL US AT:
 telephone: 709.778.1552
 toll-free: 1.800.563.9000
VISIT US AT:
 workplace.nl.ca

**Occupational Health & Safety
 Minutes Report Form
 (see instructions)**

Date of Meeting (Y/M/D) 2021 / 02 / 17 WorkplaceNL Firm Number 94001 Site Number 42

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: <u>Memorial University - G.A. Hickman Bldg.</u>	Co-chair: <u>Sarah Lewis</u>	<u>Sar8636315</u>	<u>Y</u>
Mailing address: <u>Box 4200</u>	Members: _____	_____	_____
<u>St. John's</u> <u>NL</u> <u>A1C 5S7</u>	<u>Keith Power (CITL Management Rep)</u>	_____	<u>Y</u>
CITY PROVINCE POSTAL CODE	_____	_____	_____
Worksite street address: <u>323 Prince Phillip Drive</u>	_____	_____	_____
Total number of employees on site: <u>348</u>	_____	_____	_____
Date of next meeting (Y/M/D): <u>2021 / 04 / 21</u>	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down date (Y/M/D): <u>/ NA /</u>	Co-chair: <u>Mark Sullivan</u>	<u>Mar8025348</u>	<u>Y</u>
OH&S minutes contact: Name: <u>Gonzo Bennett</u>	Members: _____	_____	_____
Telephone No.: <u>709-864-3756</u>	<u>Gonzo Bennett (Education)</u>	<u>Gon6668383</u>	<u>Y</u>
Failure to complete this form in its entirety may delay minutes from being accepted and processed. Please ensure three copies are made; one to post in the workplace, one for the OH&S committee's files, and one to send to WorkplaceNL.	<u>Krista Delaney (Education)</u>	_____	<u>Y</u>
	<u>Amy Fudge (Nursing)</u>	_____	<u>Y</u>
	Guest(s) <u>Pat St. Croix - EHS Advisor</u>	_____	_____

Part II – OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>0</u>	No. of safety hazards identified <u>0</u>
No. of workplace complaints/concerns received <u>0</u>	No. of health hazards identified <u>1</u>
No. of incident reports reviewed <u>0</u>	No. of outstanding items from last meeting <u>3</u>
No. of right to refuse work situations <u>0</u>	
Summary of Meeting on reverse <input checked="" type="radio"/> or Attached Document <input type="radio"/>	

Both employer and worker co-chairs **MUST SIGN AND DATE** the minutes when they agree that the minutes are complete and accurate.

Employer Co-chair Signature: 

Worker Co-chair Signature: 

Date: February 18, 2021

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PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)
1	Air Quality - too hot / cold	1. Carry over - no change until major renovation to the building	Ongoing
2.	Exterior building deteriorating	2. Repairs have begun but major concerns will be dealt with first	Ongoing
3.	Ed 3050 Tech Lab	3. Vacuum system will be tweaked and an air flow test completed early in the new year. Fire alarm strobe lights to be installed early in new year.	Ongoing