

Date of Meeting (y/m/d) 2022 05 05

PART I - EMPLOYER

WorkplaceNL Firm Number 940001

Site Number 31

EMPLOYER (head office information)	EMPLOYER REPRESENTATIVES
Company name: <u>MEMORIAL UNIVERSITY OF NFLD & LABRADOR</u>	Co-chair: <u>BARB ELLIOTT</u> Certification Training #: <u>BAR6574987</u>
Mailing address: <u>PO BOX 4200 (FACULTY OF ENGINEERING)</u>	Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting
ST. JOHNS NL A1C 5S7	Members:
CITY PROVINCE POSTAL CODE	Certification Training #
Employer site number/location: _____	<u>DENNIS CRAMM</u> DEN6348962
Total number of employees on site: <u>148</u>	<u>DENNIS PETERS</u> DEN6670168
Telephone number: <u>709 864 8812</u> Fax number: <u>709 864 4042</u>	<u>LISA COOK</u> LIS8348155
Date of next meeting: <u>2022 08 17</u>	WORKER REPRESENTATIVES
YEAR MONTH DAY	Co-chair: <u>KEN SNELGROVE</u> Certification Training #: <u>KEN6385503</u>
Seasonal shut down start date: _____	Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting
YEAR MONTH DAY	Members:
Seasonal shut down end date: _____	Certification Training #
YEAR MONTH DAY	<u>SALIM AHMED</u> SAL7342011
	<u>XIANTA JIANG</u> XIA7216858
	<u>MARK KIELEY</u> MAR7695386
	<u>CRAIG MITCHELL</u> CRA7297659
	Guests: <u>Darrell Gosse, EHS</u>
	<u>Holly Tobin, Darren Reid, EM</u>

PART II - OH&S ACTIVITY

Since last meeting indicate the following:	From this meeting indicate the following
No. of workplace inspections conducted: <u>1</u>	No. of safety hazards identified: <u>0</u>
No. of workplace complaints/concerns received: <u>0</u>	No. of health hazards identified: <u>0</u>
No. of incident reports reviewed: <u>0</u>	No. of outstanding items from last meeting: <u>1</u>
No. of right to refuse work situations: <u>0</u>	

PART III - SUMMARY OF MEETING

ITEMS FOR FOLLOW-UP SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ITEMS ARE COMPLETE

ITEM DATE	ITEM(S)	SOURCE	CATEGORY	CAUSE(S)	RECOMMENDATION(S)	ACTION	DATE FORWARDED TO EMPLOYER	RECOMMENDATIONS IMPLEMENTED Y/N (date)	RESOLVED	
									Yes	No
1. Mar, 05/20	CONCRETE LAB: FAILURE OF RESEARCHERS TO MAINTAIN SAFE WORKING SPACE WHILE WORKING OR TO RETURN SPACE TO SAFE, CLEAN CONDITIONS.	Hazard Reporting	Safe Work & Practices	NOT ADHERING TO SAFETY PROCEDURES. LAB IN NEED OF CAPITAL IMPROVEMENTS.	CAPITAL PROJECT REQUEST HAS BEEN SUBMITTED. PM ASSIGNED AND NEXT STEP IS TO DRAFT SCOPE OF WORK FOR THE LAB.	BARB ELLIOTT	Mar, 05/20	Feb, 17/22		<input checked="" type="checkbox"/>

Manager Co-chair: BARB ELLIOTT Date Approved: 2022 05 06 Worker Co-chair: KEN SNELGROVE Date Approved: 2022 05 06
 YEAR MONTH DAY YEAR MONTH DAY