**Occupational Health & Safety Committee**
**MINUTES REPORT FORM**

**Date of Meeting (y/m/d):** 2022 09 23

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**PART I - EMPLOYER**

**WorkplaceNL Firm Number:** 940001  
**Site Number:** 31

**EMPLOYER (head office information)**

- **Company name:** MEMORIAL UNIVERSITY OF NFLD & LABRADOR  
- **Mailing address:** PO BOX 4200 (FACULTY OF ENGINEERING)

**ST. JOHNS, NL A1C 5S7**

**Employer site number/location:**

- Total number of employees on site: 148

**Telephone number:** 709 864 8812  
**Fax number:** 709 864 4042

**Date of next meeting:** 2022 12 15

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**EMPLOYER REPRESENTATIVES**

- **Co-chair:** LISA COOK  
- **Certification:** LIS8348155

**Co-chair Status:**  
- [ ] Assigned  
- [✓] Acting

**Members:**

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**WORKER REPRESENTATIVES**

- **Co-chair:** KEN SNELGROVE  
- **Certification:** KEN6385503

**Co-chair Status:**  
- [✓] Assigned  
- [ ] Acting

**Members:**

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**Guests:** Sandra Banfield, Minutes

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**PART II - OH&S ACTIVITY**

**Since last meeting indicate the following:**

- No. of workplace inspections conducted: 1
- No. of workplace complaints/concerns received: 0
- No. of incident reports reviewed: 0
- No. of right to refuse work situations: 0

**From this meeting indicate the following:**

- No. of safety hazards identified: 1
- No. of health hazards identified: 0
- No. of outstanding items from last meeting: 1
<table>
<thead>
<tr>
<th>ITEM DATE</th>
<th>ITEM(S)</th>
<th>RECOMMENDATION(S)</th>
<th>ACTION</th>
<th>DATE FORWARDED TO EMPLOYER</th>
<th>RESOLVED</th>
<th>IMPLEMENTED</th>
<th>COMPLETED</th>
<th>IMPLEMENTED</th>
<th>Y/N (DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar, 05/20</td>
<td>CONCRETE LAB: FAILURE OF RESEARCHERS TO MAINTAIN SAFE WORKING SPACE WHILE WORKING OR TO RETURN SPACE TO SAFE, CLEAN CONDITIONS</td>
<td>CAPITAL PROJECT REQUEST HAS BEEN SUBMITTED. FEAS TO RECEIVE INFORMATION FROM FM REGARDING A CONSULTANT PROPOSAL FOR THE RESOLUTION AND DETERMINE THE BEST PLAN FOR FORWARDING SPACE WHERE WORKING CONCRETE LAB FACILITIES</td>
<td>Yes</td>
<td>Mar, 05/20</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>