

Date of Meeting (y/m/d) 2025 02 04

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: SARAH LEWIS Certification Training #: <u>SAR8636315</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 <u>NL</u> <u>A1C 5S7</u>	Members: Certification Training #
CITY <u>PROVINCE</u> <u>POSTAL CODE</u>	<u>NITA ROGERS</u> <u>NIT6760854</u>
Employer site number/location: _____	
Total number of employees on site: <u>148</u>	
Telephone number: <u>709 864 8812</u> Fax number: <u>709 864 4042</u>	WORKER REPRESENTATIVES
Date of next meeting: <u>2025 05 01</u>	Co-chair: DOUG SMITH Certification Training #: <u>Dou8634367</u>
YEAR MONTH DAY	Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting
Seasonal shut down start date: _____	Members: Certification Training #
YEAR MONTH DAY	<u>SALIM AHMED</u> <u>sal7342011</u>
Seasonal shut down end date: _____	<u>CRAIG MITCHELL</u> <u>CRA7297659</u>
YEAR MONTH DAY	<u>GLENN RICE</u> <u>GLE8892504</u>
	<u>JASON STEVENS</u> <u>jas8801456</u>
	<u>SHAWN ORGAN</u> <u>SHA7732548</u>
	<u>ALLISON KENNY</u> <u>All8637407</u>
	<u>SHAWN BESON</u> <u>sha8625325</u>
	<u>RUSHI PATEL</u> <u>RUS8973382</u>
	Guests: <u>Wanda Wilcox</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>2</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>0</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)	RECOMMENDATION(S)	ACTION	DATE FORWARDED TO EMPLOYER	RECOMMENDATIONS IMPLEMENTED Y/N (date)	RESOLVED	
						Yes	No
1. Feb, 04/25	WINDOW LEAKING IN EN4039			Feb, 04/25			✓
2. Feb, 04/25	LEAKING WINDOW IN EN3016			Feb, 04/25			✓