Occupational Health & Safety (OH&S) Committee
MINUTES REPORT FORM

Date of Meeting (y/m/d) 2013/02/13

WHSCC Firm Number 940001 Site Number —

PART I – EMPLOYER

Company Name: Memorial University of Newfoundland

Mailing Address: 240 Prince Philip Drive

ST. JOHN'S NL A1B 3X5

Phone #: 864-8312 Fax #: 864-4542

Total Number of Employees on Site: 149

OHS Minutes Contact Name and Telephone:

DARRYL FKE 864-2171

Was an Agenda used? Yes/No No

Number of Issues referred to Next Meeting: 0

Date of Next Meeting (Y/M/D): May/June 2013

Seasonal Shut Down Date (Y/M/D): NA

EMPLOYER REPRESENTATIVES

Co-Chair: BARRY ELLIOTT Certificate No: 170795
Co-Chair status: Assigned Acting

Members:

DEAN CRANN Certificate No: 168792
DARRYL FKE Certificate No: 168796

WORKER REPRESENTATIVES

Co-Chair: KEITH WELSH Certificate No: 170846
Co-Chair status: Assigned Acting

Members:

LEANNE HAYDEN Certificate No: —
DR. SATIN AHMED Certificate No: 168910
SHAWN SARK Certificate No: 168958

PART II – OH&S COMMITTEE ACTIVITY

Workplace Inspections

Since the last meeting indicate the following:

No. of inspections conducted 0
No. of issues identified 1

Were there issues for follow-up? Yes/No No

Accident/Incident Investigation

Since the last meeting indicate the following:

No. of accident investigations conducted 0
No. of incident investigations conducted 0
No. of accident reports reviewed 0
No. of incident reports reviewed 0

Work Refusal(s)

Did the committee review or participate in any “right to refuse unsafe work” situations since the last meeting? Yes/No No

If Yes (record in Summary of issues Part III)

Section 36.1(2) of the OH&S Act requires the employer to establish an OH&S program “in consultation with the [OH&S] committee at the workplace.” As a means of monitoring the OH&S program, the committee should review the different parts of the program to ensure they are effective. In the following section, please indicate the OH&S committee’s involvement with the program and whether or not the program elements are effective. Please select the element that was reviewed at this meeting.

PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>OH&amp;S PROGRAM ELEMENTS</th>
<th>DATE REVIEWED</th>
<th>EFFECTIVE YES/NO</th>
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<th>DATE REVIEWED</th>
<th>EFFECTIVE YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and Administration</td>
<td>—</td>
<td>Accident/Incident Investigations</td>
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<tr>
<td>OH&amp;S Committee</td>
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<td>Workplace Inspections</td>
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<td>Communication</td>
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<td>Emergency Preparedness</td>
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<td>Education and Training</td>
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<td>Disability Management</td>
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<td>Safe Work Practices and Procedures</td>
<td>—</td>
<td>Ergonomics</td>
<td>—</td>
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<tr>
<td>Hazard Recognition, Evaluation and Control</td>
<td>—</td>
<td>Other</td>
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</table>
### PART III – SUMMARY OF ISSUES

Attaching a separate sheet if necessary.

ISSUES SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ISSUES ARE COMPLETE

<table>
<thead>
<tr>
<th>ISSUE DATE</th>
<th>ISSUE(S)</th>
<th>SOURCE</th>
<th>CATEGORY</th>
<th>CAUSE(S)</th>
<th>RECOMMENDATION(S)</th>
<th>FOLLOWED-UP BY</th>
<th>DATE forwarded TO EMPLOYER</th>
<th>RECOMMENDATIONS IMPLEMENTED Y/N</th>
<th>RESOLVED Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 13, 2013</td>
<td>Hand rails in front of building need repair</td>
<td>FEAS OAHS Member</td>
<td>Building Maintenance</td>
<td>General Wear &amp; Tear</td>
<td>Needs to follow up with Feas OAHS; previous issue still requires attention to have hand rails fixed.</td>
<td>[Blank]</td>
<td>[Blank]</td>
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<td>[Blank]</td>
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</tbody>
</table>

**Signature of Co-Chairs:**

Employer Co-Chair: [Signature]

Date (YMD): April 17, 2013

Worker Co-Chair: [Signature]

Date (YMD): [Blank]

Before returning this copy to the Commission, please ensure two copies are made – one to post in the workplace and one for the OH&S Committee’s file. The original must be sent to the Commission.