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

**PART I – EMPLOYER**

WHSCC Firm Number 940001 Site Number —

EMPLOYER (head office information)		EMPLOYER REPRESENTATIVES		PRESENT
Company name: <u>MEMORIAL UNIVERSITY OF NEWFOUNDLAND</u>		Co-chair: <u>BARB ELLIOTT</u>	Certificate No.: <u>170795</u>	YES/NO <u>Y</u>
Mailing address: <u>240 PRINCE PHILIP DRIVE</u>		Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
<u>St. John's</u>	<u>NL</u>	Members: <u>ANITA FISHER</u>	Certificate No.: <u>—</u>	<u>Y</u>
<u>ALB 3X5</u>		<u>DENNIS CRAMM</u>	Certificate No.: <u>168792</u>	<u>N</u>
		<u>DARRYL PIKE</u>	Certificate No.: <u>168776</u>	<u>Y</u>
Telephone # <u>864-8812</u>	Fax # <u>864-4042</u>		Certificate No.: <u>—</u>	<u>—</u>
Employer site number/location: <u>—</u>			Certificate No.: <u>—</u>	<u>—</u>
Total number of employees on site: <u>148</u>		WORKER REPRESENTATIVES		PRESENT
OHS minutes contact name and telephone #		Co-chair: <u>DR. KEN SVELGRWE</u>	Certificate No.: <u>170806</u>	YES/NO <u>Y</u>
<u>DARRYL PIKE 864-2171</u>		Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
Was an agenda used? Yes/No <u>No</u>		Members: <u>—</u>	Certificate No.: <u>—</u>	<u>—</u>
Number of issues deferred to next meeting: <u>0</u>		<u>LEANNE HAYDEN</u>	Certificate No.: <u>—</u>	<u>Y</u>
Date of next meeting (Y/M/D): <u>MAY/JUNE 2013</u>		<u>DR. SALIM AHMED</u>	Certificate No.: <u>168790</u>	<u>Y</u>
Seasonal shut down date (Y/M/D): <u>N/A</u>		<u>SHAWN ORGAN</u>	Certificate No.: <u>169788</u>	<u>Y</u>
			Certificate No.: <u>—</u>	<u>—</u>
		Guests: <u>KENORA Whelan</u>		
		<u>MELISSA BURSEY</u>		

**PART II – OH&S COMMITTEE ACTIVITY**

<p><b>Workplace Inspections</b></p> <p>Since the last meeting indicate the following:</p> <p>No. of inspections conducted <u>0</u></p> <p>No. of issues identified <u>1</u></p> <p>Were there issues for follow-up? YES/NO <u>No</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p><b>Accident/Incident Investigation</b></p> <p>Since the last meeting indicate the following:</p> <p>No. of accident investigations conducted <u>0</u></p> <p>No. of incident investigations conducted <u>0</u></p> <p>No. of accident reports reviewed <u>0</u></p> <p>No. of incident reports reviewed <u>0</u></p>
<p><b>Workplace Complaints</b></p> <p>Since the last meeting indicate the following:</p> <p>No. of complaints received <u>0</u></p> <p>Were there issues for follow-up? YES/NO <u>N/A</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p><b>Work Refusal(s)</b></p> <p>Did the committee review or participate in any "right to refuse unsafe work" situations since the last meeting? YES/NO <u>No</u></p> <p>No. of right to refuse unsafe work situations <u>0</u></p> <p>Were there issues for follow-up? YES/NO <u>No</u></p> <p>If Yes (record in summary of issues Part III)</p>

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

OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO	OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO
Leadership and Administration	—		Accident/Incident Investigations	—	
OH&S Committee	—		Workplace Inspections	—	
Communication	—		Emergency Preparedness	—	
Education and Training	—		Disability Management	—	
Safe Work Practices and Procedures	—		Ergonomics	—	
Hazard Recognition, Evaluation and Control	—		Other	—	

