PART I – EMPLOYER

**EMPLOYER (head office information)**

Company name: MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Mailing address: 1240 PRINCE PHILIP DRIVE, ST. JOHN'S, NL A1B 3X5
Telephone #: 764-8812 Fax #: 764-4142

**EMPLOYER REPRESENTATIVES**

Co-chair: BARB ELLIS Certificate #: 170715
Co-chair status: Assigned Acting

Members:
- ANGUS MULLIGAN Certificate #: 173261
- DENNIS GARRARD Certificate #: 169792
- DARYL PAX Certificate #: 168576
- 

**WORKER REPRESENTATIVES**

Co-chair: YOSSEF磨 Certificate #: 170806
Co-chair status: Assigned Acting

Members:
- SULAYMAN UGON Certificate #: 168989
- LEANN HAYDEN Certificate #: 170608
- DR. SALMA AHMAD Certificate #: 168790
- 

*Indicates a required field. Fails to fill out required fields can delay minutes from being accepted and processed by the Commission.*

PART II – OH&S COMMITTEE ACTIVITY

**Workplace Inspections**

Since the last meeting indicate the following:

- No. of inspections conducted
- No. of issues identified

- Were there issues for follow-up? YES/NO

- If Yes (record in Summary of Issues Part III)

**Workplace Complaints**

Since the last meeting indicate the following:

- No. of complaints received
- Were there issues for follow-up? YES/NO

- If Yes (record in Summary of Issues Part III)

Accident/Incident Investigation

Since the last meeting indicate the following:

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

Work Refusal(s)

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

- No. of right to refuse unsafe work situations
- Were there issues for follow-up? YES/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>
<th>OH&amp;S PROGRAM ELEMENTS</th>
<th>DATE REVIEWED</th>
<th>EFFECTIVE YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and Administration</td>
<td></td>
<td></td>
<td>Accident/Incident Investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH&amp;S Committee</td>
<td></td>
<td></td>
<td>Workplace Inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td>Emergency Preparedness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and Training</td>
<td></td>
<td></td>
<td>Disability Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Work Practices and Procedures</td>
<td></td>
<td>Ergonomics</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazard Recognition, Evaluation and Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISSUE DATE</td>
<td>ISSUE(S)</td>
<td>SOURCE</td>
<td>CATEGORY</td>
<td>CAUSE(S)</td>
<td>RECOMMENDATION(S)</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
<td>-----------------</td>
<td>--------------</td>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Feb 13, 2013</td>
<td>Hand bars in front of building need to be repaired</td>
<td>FEAS OHS Member</td>
<td>Building Maintenance</td>
<td>General wear &amp; tear</td>
<td>Daily to follow-up with FM on previous email</td>
</tr>
<tr>
<td>July 19, 2013</td>
<td>Lights not working in EN 1039</td>
<td>OHS Quality Improvement</td>
<td>Building Maintenance</td>
<td>Light does not function</td>
<td>Daily to follow-up with FM on previous email</td>
</tr>
<tr>
<td>July 19, 2013</td>
<td>Holes in posts create small</td>
<td>Professor</td>
<td>Air quality</td>
<td>Research activity</td>
<td>Daily to contact OHS's for review</td>
</tr>
<tr>
<td>July 19, 2013</td>
<td>Smoke found in 3rd floor garbage</td>
<td>Custodians</td>
<td>Safety</td>
<td>Unknown</td>
<td>Daily to follow-up with custodians and e-mail correspondence</td>
</tr>
<tr>
<td>July 18, 2013</td>
<td>Room EN 1039 where is main power switch for ceiling motor</td>
<td>Research Group</td>
<td>Safety</td>
<td>Labelling</td>
<td>Daily to contact FM to review and remove</td>
</tr>
</tbody>
</table>

**Signature of Co-Chairs**

Employee Co-chair: [Signature]

Date (Y/M/D): 2013/07/31

Work Co-chair: [Signature]

Date (Y/M/D): 2013/07/31

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