

WorkplaceNL

MAIL FORM TO:  
146-148 Forest Road P.O. Box 9000  
St. John's NL A1A 3B8  
FAX FORM TO:  
709.778.1564

CALL US AT:  
Telephone: 709.778.1552  
toll-free: 1.800.563.9000  
VISIT US AT:  
workplacnl.ca

## Occupational Health & Safety Minutes Report Form (see instructions)

Date of Meeting (Y/M/D) 2020 / 09 / 18 WorkplaceNL Firm Number 94001 Site Number 31

## PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: <u>Memorial University of Newfoundland</u>	Co-chair: <u>Barb Elliott</u>	<u>BAR6574987</u>	<u>Y</u>
Mailing address: <u>240 Prince Philip Drive</u>	Members: <u>Dennis Cramm</u>	<u>DEN6348962</u>	<u>Y</u>
St. John's <u>NL</u> <u>A1B 3X5</u>	<u>Dennis Peters</u>	<u>DEN6670168</u>	<u>Y</u>
CITY PROVINCE POSTAL CODE			
Worksite street address: <u>Same</u>			
Total number of employees on site: _____			
Date of next meeting (Y/M/D): _____ / _____ / _____			
Seasonal shut down date (Y/M/D): _____ / _____ / _____			
OH&S minutes contact: Name: <u>Lisa Cook</u>			
Telephone No.: <u>709-864-7467</u>			
Failure to complete this form in its entirety may delay minutes from being accepted and processed. Please ensure three copies are made; one to post in the workplace, one for the OH&S committee's files, and one to send to WorkplaceNL.	Worker Representative(s)	Certification Training #	Present (Y/N)
	Co-chair: <u>Ken Snelgrove</u>	<u>KEN6385503</u>	<u>N</u>
	Members: <u>Salim Ahmed</u>	<u>SAL7342011</u>	<u>Y</u>
	<u>Craig Mitchell</u>	<u>CRA7297659</u>	<u>Y</u>
	<u>Mark Kioley</u>	<u>MAR7695386</u>	<u>N</u>
	<u>Lori Hogan</u>	<u>LOR7997931</u>	<u>N</u>
	<u>Xianta Jiang</u>	<u>XIA7216858</u>	<u>Y</u>
	Guest(s) <u>Danell Gosse, Lisa Cook</u>		

## Part II – OH&amp;S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>0</u>	No. of safety hazards identified <u>1</u>
No. of workplace complaints/concerns received <u>2</u>	No. of health hazards identified <u>1</u>
No. of incident reports reviewed <u>0</u>	No. of outstanding items from last meeting <u>2</u>
No. of right to refuse work situations <u>0</u>	
Summary of Meeting on reverse <input checked="" type="radio"/> or Attached Document <input type="radio"/>	

Both employer and worker co-chairs **MUST SIGN AND DATE** the minutes when they agree that the minutes are complete and accurate.

Employer Co-chair Signature: B Elliott  
Date: Sept 21, 2020

Worker Co-chair Signature: [Signature]  
Date: Sept 24, 2020

**PART III – Summary of Meeting**

<b>Item Date</b>	<b>Item</b>	<b>Recommendation</b>	<b>Action By (who &amp; when)</b>