



**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:**  
 workplace.nl.ca

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

Date of Meeting (Y/M/D) \_\_\_\_\_ WorkplaceNL Firm Number \_\_\_\_\_ Site Number \_\_\_\_\_

**PART I – Employer**

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: _____	Co-chair: _____	_____	_____
Mailing address: _____	Members: _____	_____	_____
CITY _____ PROVINCE _____ POSTAL CODE _____	_____	_____	_____
Worksite street address: _____	_____	_____	_____
Total number of employees on site: _____	_____	_____	_____
Date of next meeting (Y/M/D): _____ / _____ / _____	<b>Worker Representative(s)</b>	<b>Certification Training #</b>	<b>Present (Y/N)</b>
Seasonal shut down date (Y/M/D): _____ / _____ / _____	Co-chair: _____	_____	_____
OH&S minutes contact:	Members: _____	_____	_____
Name: _____	_____	_____	_____
Telephone No.: _____	_____	_____	_____
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.	_____	_____	_____
	Guest(s) _____	_____	_____

**Part II – OH&S Activity**

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted _____	No. of safety hazards identified _____
No. of workplace complaints/concerns received _____	No. of health hazards identified _____
No. of incident reports reviewed _____	No. of outstanding items from last meeting _____
No. of right to refuse work situations _____	
<b>Summary of Meeting on reverse ⑤ or Attached Document ⑤</b>	

**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*

**Worker Co-chair Signature:** \_\_\_\_\_ *[Signature]*

**Date:** \_\_\_\_\_

**Date:** *March 16, 2021*

**PART III – Summary of Meeting**

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