



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) 2019 / 10 / 25 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</u>	Co-chair: <u>Barb Elliott</u>	<u>BAR6574987</u>	<u>Y</u>
Mailing address: <u>240 Prince Phillip Drive</u>	Members: <u>Andy Fisher</u>	<u>AND6091896</u>	<u>N</u>
St. John's <u>NL</u> <u>A1B 3X5</u>	<u>Dennis Cramm</u>	<u>DEN6348962</u>	<u>Y</u>
CITY <u>PROVINCE</u> <u>POSTAL CODE</u>	<u>Dennis Peters</u>		<u>N</u>
Worksite street address: <u>same</u>			
Total number of employees on site: <u>150</u>			
Date of next meeting (Y/M/D): <u>2020 / 01 / 27</u>	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down date (Y/M/D): <u> / /</u>	Co-chair: <u>Ken Snelgrove</u>	<u>KEN6385503</u>	<u>Y</u>
OH&S minutes contact: Name: <u>Lori Hogan</u>	Members: <u>Salim Ahmed</u>	<u>SAL7342011</u>	<u>N</u>
Telephone No.: <u>864-3711</u>	<u>Danny O'Leary</u>		<u>N</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.	<u>Mark Kieley</u>	<u>MAR7695386</u>	<u>Y</u>
	<u>Craig Mitchell</u>	<u>CRA7297659</u>	<u>Y</u>
	<u>Lori Hogan</u>	<u>LOR7997931</u>	<u>Y</u>
	<u>Xianta Jiang</u>		<u>Y</u>
	<u>Guest(s)</u> <u>Darrell Gosse, Adam Taylor</u>		

Part II – OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>1</u>	No. of safety hazards identified <u>0</u>
No. of workplace complaints/concerns received <u>5</u>	No. of health hazards identified <u>0</u>
No. of incident reports reviewed <u>0</u>	No. of outstanding items from last meeting <u>0</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:
Date: October 28, 2019

Worker Co-chair Signature:
Date: Oct 28, 2019

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)

Transmission Report

Date/Time
Local ID 1

02-25-2000
8648975

03:31:05 a.m.

Transmit Header Text
Local Name 1

**This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"**

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WorkplaceNL

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Company name: <u>Memorial University</u>	Co-chair: <u>Barb Elliott</u>	<u>BAR8574687</u>	<u>Y</u>
Mailing address: <u>240 Prince Philip Drive</u>	Members: <u>Andy Fisher</u>	<u>AND6091896</u>	<u>N</u>
St. John's NL A1B 3X5	<u>Dennis Cramm</u>	<u>DEW0348962</u>	<u>Y</u>
CITY PROVINCE POSTAL CODE	<u>Derris Peters</u>		<u>N</u>
Worksite street address: <u>same</u>			
Total number of employees on site: <u>150</u>			
Date of next meeting (Y/M/D): <u>2020 / 01 / 27</u>	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down date (Y/M/D): <u> / /</u>	Co-chair: <u>Ken Snelgrove</u>	<u>KEN8065503</u>	<u>Y</u>
OH&S minutes contact:	Members: <u>Sa'im Ahmed</u>	<u>SAL7342011</u>	<u>N</u>
Name: <u>Lori Hogan</u>	<u>Danny O'Leary</u>		<u>N</u>
Telephone No.: <u>884-3711</u>	<u>Mark Kelsey</u>	<u>MAR7686386</u>	<u>Y</u>
	<u>Craig Mitchell</u>	<u>CRA7297859</u>	<u>Y</u>
	<u>Lori Hogan</u>	<u>LOR7997931</u>	<u>Y</u>
<small>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 corporate's file, and one to send to WorkplaceNL.</small>	Guest(s)		
	<u>Adriana Jirag</u>		
	<u>Darrel Goese, Adam Taylor</u>		

Part II - OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>1</u>	No. of safety hazards identified <u>0</u>
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No. of incident reports reviewed <u>0</u>	No. of outstanding items from last meeting <u>0</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: Barb Elliott
Date: October 28, 2019

Worker Co-chair Signature: [Signature]
Date: Oct 28, 2019

Revised April 2018

Total Pages Scanned : 2

Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	023	9 709 778 1564	03:29:52 a.m. 02-25-2000	00:00:39	2/2	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct