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Occupational Health & Safety (OH&S) Committee  
MINUTES REPORT FORM

Date of Meeting (y/m/d)

JUNE 5, 2014

*Done to Darryl Pike June 21, 2014*

PART I - EMPLOYER

WHSCC Firm Number 940001

Site Number —

EMPLOYER (head office information)	EMPLOYER REPRESENTATIVES	PRESENT
Company name: <u>MEMORIAL UNIVERSITY of NL</u>	Co-chair: <u>BARB ELLIOTT</u> Certificate No. <u>170295</u>	YES/NO <u>Y</u>
Mailing address: <u>240 PRINCE PHILIP DR.</u>	Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting	
<u>St. John's NL A1B 3X5</u>	Members: <u>ANDY FISHER</u> Certificate No. <u>173091</u>	<u>Y</u>
CITY PROVINCE POSTAL CODE	<u>DENNIS CROMM</u> Certificate No. <u>168792</u>	<u>Y</u>
Telephone # <u>864-8312</u> Fax # <u>864-4042</u>	<u>DARRYL PIKE</u> Certificate No. <u>168776</u>	<u>Y</u>
Employer site number/location: <u>—</u>	— Certificate No. <u>—</u>	<u>—</u>
Total number of employees on site: <u>148</u>	— Certificate No. <u>—</u>	<u>—</u>
OHS minutes contact name and telephone #	<b>WORKER REPRESENTATIVES</b>	
<u>DARRYL PIKE 864-2171</u>	Co-chair: <u>KEN SUELGANE</u> Certificate No. <u>170806</u>	YES/NO <u>N</u>
Was an agenda used? Yes/No <u>YES</u>	Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting	
Number of issues deferred to next meeting: <u>0</u>	Members: <u>SHAWN JORGAN</u> Certificate No. <u>168788</u>	<u>Y</u>
Date of next meeting (Y/M/D): <u>2014/08/22</u>	<u>LEANNE HAYDEN</u> Certificate No. <u>173108</u>	<u>Y</u>
Seasonal shut down date (Y/M/D): <u>—</u>	<u>SALIM AHMID</u> Certificate No. <u>168790</u>	<u>Y</u>
	<u>NOUVA WHITE</u> Certificate No. <u>—</u>	<u>N</u>
	<u>JASON SHARES</u> Certificate No. <u>—</u>	<u>Y</u>
	Guests: <u>—</u>	<b>RECEIVED</b>

PART II - OH&S COMMITTEE ACTIVITY

JUN 06 2014

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

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	—	—

**PART III - SUMMARY OF ISSUES**  
**ISSUES SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL THE ISSUES ARE COMPLETE**

Issue Date	Issues(s)	Source	Category	Cause(s)	Recommendation(s)	Followed-Up By	Date Forwarded to Employer	Recommendations Implemented	Resolved Y/N
July 19 2013	Hydro Pole Creosote Smell	Professor	Air Quality	Research Activity	Darryl to contact DHS For Review	Darryl Pike	August 16 2013	Wait until next pole shipment to test	N
July 19 2013	Syringe found in 3rd floor garbage can	Custodians	Safety	Unknown	Barb to follow-up with custodians on e-mail correspondence	Barb Elliott	November 20 2013		N
Sept. 19 2013	EN-1021A door lock not working properly	OHS Inspection	Building Maintenance	Wear and Tear	Locksmith to fix : FM Notified	Darryl Pike	December 18 2013		Y
Sept. 19 2013	EN-1021A : no door window in lab/office	OHS Inspection	Safety	Oversight when Building erected	SMA to FM to install a door window	Darryl Pike	September 23 2013		Y
Sept. 19 2013	EN-1021C : No high voltage power Kill Switch	OHS Inspection	Safety	Oversight when Building erected	SMA to FM to install an Emergency Kill Switch.	Darryl Pike	September 23 2013		Y
Sept. 19 2013	EN-1021C : Emerg. lighting mount issues/coverage?	OHS Inspection	Safety	Unknown	DHS to review	Darryl Pike	November 26 2013		N
March 7 2014	Concrete Lab Electrical Review for GFI req' mts	OHS Matters	Safety	Unknown	FM to review electrical panels, plugs receptacles, test breakers; GFI?	Darryl Pike	March 31 2013		N
March 7 2014	Fire Alarm announcement not loud enough	OHS Matters	Safety	Fire Alarm Set-Up	DHS to review	Darryl Pike	March 31 2013		N
March 7 2014	Battery Charging in Senior Electrical Lab	OHS Inspection	Safety	Undergrad Activity	DHS to review	Darryl Pike	February 19 2014		Y
June 5 2014	Wheel Chair ramp not working	General Operations	Building Accessibility	Unknown	FM to perform maintenance on system	Darryl Pike	April 8 2014		N

SIGNATURE OF CO-CHAIRS: B. Elliott Employer Co-Chair      Darryl Pike Worker Co-Chair      Date: 6/1/14 (Y/M/D)

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