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

Date of Meeting (y/m/d) SEPT 20, 2013

WHSCC Firm Number 940001

Site Number —

PART I – EMPLOYER

EMPLOYER (head office information)		EMPLOYER REPRESENTATIVES		PRESENT
Company name: <u>MEMORIAL UNIVERSITY</u>		Co-chair: <u>BARB ELLIOTT</u>	Certificate No.: <u>170795</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</u>	<u>NL</u>	Members: <u>ANDY FULLER</u>	Certificate No.: <u>173091</u>	<u>Y</u>
<u>A1B3X5</u>		<u>DENNIS GRAMM</u>	Certificate No.: <u>168792</u>	<u>No</u>
CITY	PROVINCE	<u>DARRYL PIKE</u>	Certificate No.: <u>1681776</u>	<u>Y</u>
			Certificate No.: <u>—</u>	
Telephone # <u>864-8912</u>	Fax # <u>864-4042</u>		Certificate No.: <u>—</u>	
Employer site number/location: <u>—</u>		WORKER REPRESENTATIVES		PRESENT
Total number of employees on site: <u>148</u>		Co-chair: <u>KEVIN SULLIVAN</u>	Certificate No.: <u>170806</u>	YES/NO <u>Y</u>
OHS minutes contact name and telephone #		Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
<u>DARRYL PIKE 864-2171</u>		Members: <u>SHAWN ORLOW</u>	Certificate No.: <u>168798</u>	<u>No</u>
Was an agenda used? Yes/No <u>YES</u>		<u>LEANE HAYDEN</u>	Certificate No.: <u>173108</u>	<u>Y</u>
Number of issues deferred to next meeting: <u>0</u>		<u>Dr. SALIM AHMID</u>	Certificate No.: <u>168790</u>	<u>Y</u>
Date of next meeting (Y/M/D): <u>NOV 22, 2013</u>		<u>NOELAN WHITE</u>	Certificate No.: <u>—</u>	<u>Y</u>
Seasonal shut down date (Y/M/D): <u>N/A</u>		<u>JASON PARSONS</u>	Certificate No.: <u>—</u>	<u>N.</u>
<p><small>*Indicates a required field. Failure to fill out required fields can delay minutes from being accepted and processed by the Commission</small></p>		Guests: <u>—</u>		RECEIVED

PART II – OH&S COMMITTEE ACTIVITY

SEP 23 2013

<p>Workplace Inspections</p> <p>Since the last meeting indicate the following:</p> <p>No. of inspections conducted <u>1</u></p> <p>No. of issues identified <u>5</u></p> <p>Were there issues for follow-up? YES/NO <u>YES</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p>Accident/Incident Investigation</p> <p>Since the last meeting indicate the following:</p> <p>No. of accident investigations conducted: <u>0</u></p> <p>No. of incident investigations conducted: <u>0</u></p> <p>No. of accident reports reviewed: <u>0</u></p> <p>No. of incident reports reviewed: <u>0</u></p>
<p>Workplace Complaints</p> <p>Since the last meeting indicate the following:</p> <p>No. of complaints received: <u>—</u></p> <p>Were there issues for follow-up? YES/NO <u>—</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p>Work Refusal(s)</p> <p>Did the committee review or participate in any "right to refuse unsafe work" situations since the last meeting? YES/NO <u>No</u></p> <p>No. of right to refuse unsafe work situations: <u>0</u></p> <p>Were there issues for follow-up? YES/NO <u>No</u></p> <p>If Yes (record in summary of issues Part III)</p>

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	—	—

*Given to Darryl
Oct 28/13
DW*

PART III - SUMMARY OF ISSUES

(attach a separate sheet if necessary)

ISSUES SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ISSUES ARE COMPLETE

PLEASE PRINT CLEARLY

April 2011

ISSUE DATE	ISSUE(S)	SOURCE	CATEGORY	CAUSE(S)	RECOMMENDATION(S)	FOLLOWED-UP BY	DATE FORWARDED TO EMPLOYER	RECOMMENDATIONS IMPLEMENTED Y/N (date)	RESOLVED Y/N
Daily 2013	Lights not working	OHS Building	Building Maintenance	Water leaks in	Daily to follow up with FM	Daily Pike	Oct 12/2012	Sep 2013	Y
Daily 2013	Hydro odor	Professors	Air Quality	Researcher Acquire	Daily to contact OHS for Review	Daniel Pike	August 16 2013		N
Daily 2013	Storage found in 3rd floor garages	custodians	SAFETY	UNKNOWN	BAs to follow-up with custodians on e-mail correspondence	BAs Elliott			X
Daily 2013	EM-1035E Main power switch for crane motor	RESEARCH group	SAFETY/OPERATIONS	Laboring	FM to review and LAsen	Daniel Pike	Aug 12 2013	Aug 29/13	Y
Sept 19 2013	OHS Building Door lock not working properly	OHS Building	Building Maintenance	Wear's tear	Logic switch to fix	Darryl Pike			N
Sept 19 2013	EM-1021A No door window in office/lab	OHS Building	SAFETY	oversight when building erected.	SMA to FM to install door window	Darryl Pike			N
Sept 19 2013	EM-1021C Extension cords/power boxes: Approved?	OHS Building	SAFETY	Policy change.	DHS to Review.	Darryl Pike			N
Sept 19 2013	EM-1021C No High Voltage Power Ken Switch	OHS Inspection	SAFETY	oversight when building erected.	SMA to FM to install A Kill switch.	Darryl Pike			N
Sept 19 2013	EM-1021C Emergency Lighting Not Mounted/Coverage?	OHS Inspection	SAFETY	UNKNOWN	DHS to Review	Darryl Pike			N

SIGNATURE OF CO-CHAIRS

J. Sward
Employer Co-chair

2013/09/24
Date (Y/M/D)

2013/10/25
Worker Co-chair
Date (Y/M/D)

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.