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

*Date of Meeting (y/m/d)

2015/02/20

MAR 05 2015

WHSCC Firm Number 940001

Site Number

PART I - EMPLOYER

***EMPLOYER (head office information)**

Company name: MEMORIAL UNIVERSITY OF NL

Mailing address: 240 PRINCE PHILIP DR.
St. John's NL A1B 3X5
CITY PROVINCE POSTAL CODE

Telephone # 864-8812 Fax # 864-4542

Employer site number/location:

Total number of employees on site: 148

OHS minutes contact name and telephone #
DARRYL PIKE 864-2171

Was an agenda used? Yes/No YES

Number of issues deferred to next meeting: 0

Date of next meeting (Y/M/D): 2015/05/15th

Seasonal shut down date (Y/M/D):

*Indicates a required field. Failure to fill out required fields can delay minutes from being accepted and processed by the Commission.

***EMPLOYER REPRESENTATIVES**

		PRESENT
		YES/NO
Co-chair: <u>BARB ELLIOTT</u>	Certificate No.: <u>170795</u>	<u>Y</u>
Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
Members: <u>ANDY FOLGER</u>	Certificate No.: <u>173591</u>	<u>Y</u>
<u>DEANIS CROMPTON</u>	Certificate No.: <u>168792</u>	<u>Y</u>
<u>DARRYL PIKE</u>	Certificate No.: <u>168776</u>	<u>Y</u>
	Certificate No.: <u> </u>	<u> </u>
	Certificate No.: <u> </u>	<u> </u>

***WORKER REPRESENTATIVES**

		PRESENT
		YES/NO
Co-chair: <u>KEN SNEEGANE</u>	Certificate No.: <u>170806</u>	<u>Y</u>
Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
Members: <u>SHAWN URGAN</u>	Certificate No.: <u>168788</u>	<u>N</u>
<u>LEANE HAYDEN</u>	Certificate No.: <u>173208</u>	<u>N</u>
<u>SALIM AHMED</u>	Certificate No.: <u>168790</u>	<u>Y</u>
<u>JASON PARSONS</u>	Certificate No.: <u>191172</u>	<u>Y</u>
<u>MANRIQUE NATA - MONTIEL</u>	Certificate No.: <u> </u>	<u>N</u>

Guests: DARRELL GORSE: DEPT. OF ENV. HEALTH & SAFETY (MEMORIAL)

PART II - OH&S COMMITTEE ACTIVITY

<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>16</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> </u></p> <p>No. of incident investigations conducted <u> </u></p> <p>No. of accident reports reviewed <u> </u></p> <p>No. of incident reports reviewed <u> </u></p>
<p>Workplace Complaints</p> <p>Since the last meeting indicate the following:</p> <p>No. of complaints received <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>	<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> </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	<u> </u>	<u> </u>	Accident/Incident Investigations	<u> </u>	<u> </u>
OH&S Committee	<u> </u>	<u> </u>	Workplace Inspections	<u> </u>	<u> </u>
Communication	<u> </u>	<u> </u>	Emergency Preparedness	<u> </u>	<u> </u>
Education and Training	<u> </u>	<u> </u>	Disability Management	<u> </u>	<u> </u>
Safe Work Practices and Procedures	<u> </u>	<u> </u>	Ergonomics	<u> </u>	<u> </u>
Hazard Recognition, Evaluation and Control	<u> </u>	<u> </u>	Other	<u> </u>	<u> </u>

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	Procedural plan put in place.	Y
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
March 7 2014	Fire Alarm announcement not loud enough	OHS Matters Rising	Safety	Fire Alarm Set-Up	DHS to review	Darryl Pike	March 31 2013	Faculty to request DHS to conduct fire drill and check.	N
Sept. 24 2014	Floor riser in EN-4002 Trip Hazard	Professor	Safety	Building Design	FM to review area and make recommendations	Darryl Pike	October 7 2014	FM installed light switch by main door.	Y
Nov, 17 2014	Fluids Lab Electrical Review for GFI req'ments	Employee	Safety	Not Applicable	FM to review receptacles and panel for GFI requirements	Darryl Pike	November 27 2014	GFI's installed by FM	Y
Dec, 20 2015	Building Inspection 2015 16 issues found	OH&S Committee	Safety	General	Review line items in the 7 page report and address all 16 items	Barb Elliott	January 2015		N

B. Elliott
Employer Co-Chair

[Signature]
Worker Co-Chair

2015/03/06
Date (Y/M/D)

2015/03/06
Date (Y/M/D)

SIGNATURE OF CO-CHAIRS:

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