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*Date of Meeting (y/m/d)

2015/05/15

WHSCC Firm Number 940001

Site Number —

PART I – EMPLOYER

*EMPLOYER (head office information)	*EMPLOYER REPRESENTATIVES	PRESENT
Company name: <u>MEMORIAL UNIVERSITY OF NL</u>	Co-chair: <u>BARB ELLIOTT</u> Certificate No.: <u>175795</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 CRAMM</u> Certificate No.: <u>168792</u>	<u>N</u>
Telephone # <u>864-8812</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.: _____	
Total number of employees on site: <u>150</u>	Certificate No.: _____	
OHS minutes contact name and telephone #	*WORKER REPRESENTATIVES	
<u>DARRYL PIKE 864-2171</u>	Co-chair: <u>KEN SWELGREN</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 URGAN</u> Certificate No.: <u>168788</u>	<u>Y</u>
Date of next meeting (Y/M/D): <u>2015/08/21</u>	<u>LEANNE HAYDEN</u> Certificate No.: <u>173108</u>	<u>Y</u>
Seasonal shut down date (Y/M/D): _____	<u>SALIM AHMED</u> Certificate No.: <u>168790</u>	<u>Y</u>
	<u>JASON PARSONS</u> Certificate No.: <u>191172</u>	<u>N</u>
	Certificate No.: _____	
	Certificate No.: _____	
	Guests: <u>DARRELL GOSSE - DEPT. OF ENV. HEALTH & SAFETY (Memorial)</u>	

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

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>0</u></p> <p>No. of issues identified <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>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.

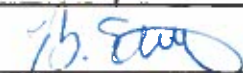

PLEASE PRINT CLEARLY

OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO	OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO
Leadership and Administration	—	—	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	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 annunciation 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
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		Y

SIGNATURE OF CO-CHAIRS:  Sept 8/15.  2015/08/04
 Employer Co-Chair Date (Y/M/D) Worker Co-Chair Date(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 OH&S Committee's file. This original must be sent to the Commission.