



Workplace Health, Safety & Compensation Commission
 Phone: (709) 778-1552 | 146 - 148 Forest Rd.
 Toll free: 1-800-563-9000 | P.O. Box 9000
 Fax: (709) 778-1564 | St. John's, NL
 www.whscc.nl.ca | A1A 3B8

**Occupational Health & Safety
 Minutes Report Form**
 (see instructions)

Senior Administration
 Officer
 Engineering & Applied
 Sciences

JAN 13 2016

RECEIVED

Date of Meeting (Y/M/D) 2015 / 12 / 17 WHSCC Firm Number 940001

Site Number _____

PART I – EMPLOYER

EMPLOYER (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: <u>Memorial University of Newfoundland</u>	Co-Chair: <u>Barb Elliott</u>	<u>170795</u>	<u>Y</u>
Mailing address: <u>240 Prince Phillip Drive</u>	Members: <u>Andy Fisher</u>	<u>173091</u>	<u>N</u>
St. John's NL A1B 3X5	<u>Dennis Cramm</u>	<u>168792</u>	<u>N</u>
CITY PROVINCE POSTAL CODE	<u>Darryl Pike</u>	<u>168776</u>	<u>Y</u>
Worksite street address: <u>Same</u>	<u>Andrew Draskoy</u>	<u>-</u>	<u>Y</u>
Total number of employees on site: <u>150</u>			
Date of next meeting (Y/M/D): <u>2016 / 04 / 29</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>170806</u>	<u>Y</u>
OH&S minutes contact: Name: <u>Darryl Pike</u>	Members: <u>Shawn Organ</u>	<u>168788</u>	<u>N</u>
Telephone No.: <u>(709) 754-6313</u>	<u>Sara Diamond</u>	<u>202735</u>	<u>Y</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 the Commission.	<u>Salim Ahmed</u>	<u>173108</u>	<u>Y</u>
	<u>Jason Parsons</u>	<u>191172</u>	<u>Y</u>
	<u>Mark Kieley</u>	<u>202734</u>	<u>Y</u>
	Guest(s) <u>Darrell Gosse : Department of Environment Health and Safety</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>2</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: [Signature]

Worker Co-chair Signature: [Signature]

Date: Jan 15/16

Date: Jan 21, 2016

PART III – SUMMARY OF MEETING

Item Date	Item	Recommendation	Action By (who & when)
Dec.1, 2015	Broken fluorescent ceiling light.: Shards	Contact Department Head to review and make recommendations.	Co-Chairs
Oct.19, 2015	Hydraulic Floor Riser: Trip Hazard	Contact Technical Services and have these hatches issues remediated.	Darryl Pike
Dec. 2015	Building Inspection Completed	Corrective actions on concerns and issues being implemented	Darryl Pike