

WorkplaceNL

MAIL FORM TO:
146-148 Forest Road P.O. Box 9000
St. John's NL A1A 3B8
FAX FORM TO:
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telephone: 709.778.1552
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VISIT US AT:
workplacnl.ca

Occupational Health & Safety Minutes Report Form

(see instructions)

Date of Meeting (Y/M/D) 2018 / 12 / 07 WorkplaceNL Firm Number 94001 Site Number 31

PART I – Employer

| Employer (head office information) | Employer Representative(s) | Certification Training # | Present (Y/N) |
|---|-----------------------------------|--------------------------|---------------|
| Company name: <u>Memorial University</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>Y</u> |
| St. John's NL A1B 3X5 | <u>Dennis Cramm</u> | <u>168792</u> | <u>N</u> |
| CITY PROVINCE POSTAL CODE | <u>Aaron Casey</u> | | <u>Y</u> |
| Worksite street address: <u>same</u> | | | |
| Total number of employees on site: <u>150</u> | | | |
| Date of next meeting (Y/M/D): <u>2019 / 02 / 15</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>170808</u> | <u>Y</u> |
| OH&S minutes contact: Name: <u>Lori Hogan</u> | Members: <u>Salim Ahmed</u> | <u>173108</u> | <u>Y</u> |
| Telephone No.: <u>864-3711</u> | <u>Jason Parsons</u> | <u>191172</u> | <u>N</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 WorkplaceNL. | <u>Mark Kieley</u> | <u>202734</u> | <u>Y</u> |
| | <u>Craig Mitchell</u> | <u>7297659</u> | <u>Y</u> |
| | <u>Lori Hogan</u> | <u>7997931</u> | <u>Y</u> |
| | Guest(s) | | |
| | <u>Darrell Gosse, Adam Taylor</u> | | |

Part II – OH&S Activity

| | |
|---|---|
| Since last meeting indicate the following: | From this meeting indicate the following: |
| No. of workplace inspections conducted <u>0</u> | No. of safety hazards identified <u>0</u> |
| No. of workplace complaints/concerns received <u>3</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: B. Elliott

Date: Dec 10/18

Worker Co-chair Signature: [Signature]

Date: Dec 10, 2018

PART III – Summary of Meeting

| Item Date | Item | Recommendation | Action By (who & when) |
|-----------|------|----------------|---------------------------|
| | | | |