### 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

<table>
<thead>
<tr>
<th>Employer (head office information)</th>
<th>Employer Representative(s)</th>
<th>Certification Training #</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company name: Memorial University</td>
<td>Co-chair: Barb Elliott</td>
<td>170755</td>
<td>Y</td>
</tr>
<tr>
<td>Mailing address: 240 Prince Phillip Drive</td>
<td>Members: Andy Fisher</td>
<td>173091</td>
<td>Y</td>
</tr>
<tr>
<td>St. John's NL A1B 3X5</td>
<td>Dennis Cramm</td>
<td>168792</td>
<td>N</td>
</tr>
<tr>
<td>City: St. John's Province: NL Postal Code: A1B 3X5</td>
<td>Aaron Casey</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Worksite street address: same</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of employees on site: 150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of next meeting (Y/M/D): 2019 / 02 / 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal shut down date (Y/M/D):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OH&S minutes contact:**
Name: Lorl Hogan
Telephone No.: 864-3711

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.

### PART II – OH&S Activity

Since last meeting indicate the following:

- No. of workplace inspections conducted: 0
- No. of workplace complaints/concerns received: 3
- No. of incident reports reviewed: 0
- No. of right to refuse work situations: 0

From this meeting indicate the following:

- No. of safety hazards identified: 0
- No. of health hazards identified: 0
- No. of outstanding items from last meeting: 0

**Summary of Meeting on reverse [O] or Attached Document [O]**

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]
Date: **Dec 10, 2018**

**Worker Co-chair Signature:** [Signature]
Date: **Dec 10, 2018**

Revised April 2016
<table>
<thead>
<tr>
<th>Item Date</th>
<th>Item</th>
<th>Recommendation</th>
<th>Action By (who &amp; when)</th>
</tr>
</thead>
</table>

Revised April 2016