**PART I - EMPLOYER**

Company name: Memoria University of NL
Mailing address: 240 Prince Philip Dr., St. John's, NL A1B 3X5
Telephone #: 864-4862
Fax #: 864-4042
Employer site number/location: 148
Total number of employees on site: 148
OHS minutes contact name and telephone #: Darryl Pike 864-2171
Was an agenda used? Yes
Number of issues deferred to next meeting: 0
Date of next meeting (YMD): 02 20 20 15
Seasonal shut down date (YMD):

**PART II - OH&S COMMITTEE ACTIVITY**

**Workplace Inspections**  
Since the last meeting indicate the following:  
No. of inspections conducted 1  
No. of issues identified 14 (minor)
Were there issues for follow-up? YES NO
If Yes (record in Summary of Issues Part III)

**Workplace Complaints**  
Since the last meeting indicate the following:  
No. of complaints received 1  
Were there issues for follow-up? YES NO
If Yes (record in Summary of Issues Part III)

**Accident/Incident Investigation**  
Since the last meeting indicate the following:  
No. of accident investigations conducted 0  
No. of incident investigations conducted 0  
No. of accident reports reviewed 0  
No. of incident reports reviewed 0

**Work Refusal(s)**  
Did the committee review or participate in any "right to refuse unsafe work" situations since the last meeting? YES NO
No. of right to refuse unsafe work situations 0
Were there issues for follow-up? YES NO
If Yes (record in Summary of Issues Part III)

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**

<table>
<thead>
<tr>
<th>OH&amp;S PROGRAM ELEMENTS</th>
<th>DATE REVIEWED</th>
<th>EFFECTIVE YES/NO</th>
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<th>DATE REVIEWED</th>
<th>EFFECTIVE YES/NO</th>
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<tbody>
<tr>
<td>Leadership and Administration</td>
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<td>Accident/Incident Investigations</td>
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<td>OH&amp;S Committee</td>
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<td>Emergency Preparedness</td>
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<td>Ergonomics</td>
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<td>Hazard Recognition, Evaluation</td>
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<td>Other</td>
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<tr>
<td>Issue Date</td>
<td>Issues(s)</td>
<td>Source</td>
<td>Category</td>
<td>Cause(s)</td>
<td>Recommendation(s)</td>
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<tr>
<td>July 19, 2013</td>
<td>Hydro Pole Creosote Smell</td>
<td>Professor</td>
<td>Air Quality Research Activity</td>
<td>Darryl to contact DHS For Review</td>
<td>Darryl Pike</td>
</tr>
<tr>
<td>July 19, 2013</td>
<td>Syringe found in 3rd floor garbage can</td>
<td>Custodians</td>
<td>Safety Unknown</td>
<td>Barb to follow-up with custodians on e-mail correspondence</td>
<td>Barb Elliott</td>
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<td>March 7, 2014</td>
<td>Fire Alarm annunciation not loud enough</td>
<td>OHS Matters Rising</td>
<td>Safety Fire Alarm Set-Up</td>
<td>DHS to review</td>
<td>Darryl Pike</td>
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<tr>
<td>Sept. 24, 2014</td>
<td>Floor riser in EN-4002 Trip Hazard</td>
<td>Professor</td>
<td>Safety Building Design</td>
<td>FM to review area and make recommendations</td>
<td>Darryl Pike</td>
</tr>
<tr>
<td>Sept. 25, 2014</td>
<td>Homemade Fire Exit sign in Cafeteria</td>
<td>Employee</td>
<td>Safety Cafeteria Management</td>
<td>DHS to review sign</td>
<td>Darryl Pike</td>
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<tr>
<td>Nov. 17, 2014</td>
<td>Fluids Lab Electrical Review for GFI req'ments</td>
<td>Employee</td>
<td>Safety Unknown</td>
<td>FM to review receptacles and panel for GFI requirements</td>
<td>Darryl Pike</td>
</tr>
</tbody>
</table>

**Signature of Co-Chairs:**

Employer Co-Chair: 

Date (Y/M/D): 12/10/2014

Worker Co-Chair: 

Date (Y/M/D): 12/10/2014

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