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Senior Administrator
Occupational Health & Safety (OH&S) Committee
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NOV 27 2014

Occupational Health & Safety (OH&S) Committee
MINUTES REPORT FORM

*Date of Meeting (y/m/d) 2014/11/21

WHSCC Firm Number 940001 Site Number —

PART I – EMPLOYER

RECEIVED

*EMPLOYER (head office information)		EMPLOYER REPRESENTATIVES		PRESENT
Company name: <u>MEMORIAL UNIVERSITY OF NL</u>	Co-chair: <u>BARB ELLIOT</u>	Certificate No.: <u>170735</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 A1B3X5</u>	Members: <u>ANDY FISHER</u>	Certificate No.: <u>173091</u>		<u>Y</u>
CITY PROV: NCE POSTAL CODE	<u>DENNIS CRAMM</u>	Certificate No.: <u>168792</u>		<u>Y</u>
Telephone # <u>864-8812</u> Fax # <u>864-4042</u>	<u>DARRYL PIKE</u>	Certificate No.: <u>169776</u>		<u>Y</u>
Employer site number/location: <u>—</u>		Certificate No.: <u>—</u>		
Total number of employees on site: <u>148</u>		Certificate No.: <u>—</u>		
OHS minutes contact name and telephone #	*WORKER REPRESENTATIVES			PRESENT
<u>DARRYL PIKE 864-2171</u>	Co-chair: <u>KEVIN SWALEWANE</u>	Certificate No.: <u>170806</u>		YES/NO <u>Y</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>SUANN URBAN</u>	Certificate No.: <u>168798</u>		<u>Y</u>
Date of next meeting (Y/M/D): <u>2015 02 20</u>	<u>LEANNE HAYDEN</u>	Certificate No.: <u>173108</u>		<u>Y</u>
Seasonal shut down date (Y/M/D): <u>—</u>	<u>SALIM AHMED</u>	Certificate No.: <u>168790</u>		<u>Y</u>
	<u>JASON PARSONS</u>	Certificate No.: <u>—</u>		
	<u>MAR RIQUE NATA - MURPHY</u>	Certificate No.: <u>—</u>		
*Indicates a required field. Failure to fill out required fields can delay minutes from being accepted and processed by the Commission.	Guests: <u>Jon Collins 8 DEPT OF ENV. HEALTH & SAFETY (MEMORIAL)</u>			

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>1</u></p> <p>No. of issues identified <u>14 (minor)</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>0</u></p> <p>No. of incident investigations conducted <u>0</u></p> <p>No. of accident reports reviewed <u>0</u></p> <p>No. of incident reports reviewed <u>0</u></p>
<p>Workplace Complaints</p> <p>Since the last meeting indicate the following:</p> <p>No. of complaints received <u>1</u></p> <p>Were there issues for follow-up? YES/NO <u>YES</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>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>

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 FORWARDED 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	Hydro Pole Creosote Smell	Professor	Air Quality	Research Activity	Darryl to contact DHS For Review	Darryl Pike	August 16 2013	Wait until next pole shipment to test	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
Sept. 24 2014	Floor riser in EN-4002 Trip Hazard	Professor	Safety	Building Design	FM to review area and make recommendations	Darryl Pike	October 7 2014		N
Sept. 25 2014	Homemade Fire Exit sign in Cafeteria	Employee	Safety	Cafeteria Management	DHS to review sign	Darryl Pike	October 7 2014	DHS reviewed sign and advised that the sign was acceptable	Y
Nov, 17 2014	Fluids Lab Electrical Review for GFI req'ments	Employee	Safety	Unknown	FM to review receptacles and panel for GFI requirements	Darryl Pike	November 27 2014		N

SIGNATURE OF CO-CHAIRS: B. Elliott
Employer Co-Chair

2014/11/28
Date (Y/M/D)

[Signature]
Worker Co-Chair

2014/12/01
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.