



146-148 Forest Road  
P.O. Box 9000  
St. John's, NL, A1A 3B8

Telephone: (709) 778-1552  
Toll Free 1-800-563-9000  
Fax: (709) 778-1564

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

\*Date of Meeting (y/m/d) SEPT 26, 2014

**PART I - EMPLOYER**

WHSCC Firm Number 940001 Site Number ---

*EMPLOYER (head office information)		*EMPLOYER REPRESENTATIVES		PRESENT
Company name: <u>MEMORIAL UNIVERSITY of NL</u>		Co-chair: <u>BARB ELLIOTT</u>	Certificate No.: <u>170795</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</u>	<u>NL</u>	Members: <u>ANDY FISHER</u>	Certificate No.: <u>173091</u>	<u>N</u>
<u>AVB 3X5</u>		<u>DENNIS CRAMM</u>	Certificate No.: <u>168792</u>	<u>N</u>
CITY	PROVINCE	<u>DARRYL PIKE</u>	Certificate No.: <u>168776</u>	<u>Y</u>
	POSTAL CODE		Certificate No.:	
Telephone # <u>864-8912</u>	Fax # <u>864-4042</u>		Certificate No.:	
Employer site number/location: <u>---</u>		*WORKER REPRESENTATIVES		PRESENT
Total number of employees on site: <u>148</u>		Co-chair: <u>KEN SNEELGRUVE</u>	Certificate No. <u>170906</u>	YES/NO <u>Y</u>
OHS minutes contact name and telephone #		Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
<u>DARRYL PIKE 864-2171</u>		Members: <u>SHAWN ORGAN</u>	Certificate No.: <u>168788</u>	<u>Y</u>
Was an agenda used? Yes/No <u>YES</u>		<u>LEANNE HAYDEN</u>	Certificate No.: <u>17308</u>	<u>Y</u>
Number of issues deferred to next meeting: <u>0</u>		<u>SALIM AHMID</u>	Certificate No.: <u>168790</u>	<u>Y</u>
Date of next meeting (Y/M/D): <u>NOVEMBER 21, 2014</u>		<u>JASON PARSONS</u>	Certificate No.:	<u>Y</u>
Seasonal shut down date (Y/M/D): <u>---</u>		<u>MARIQUE MATA-MONTEIRO</u>	Certificate No.:	<u>Y</u>
*Indicates a required field. Failure to fill out required fields can delay minutes from being accepted and processed by the Commission.		Guests: <u>---</u>		

Senior Administration  
Officer  
Engineer - Applied  
S.  
OCT 07 2014  
RECEIVED

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

<p><b>Workplace Inspections</b> Since the last meeting indicate the following:</p> <p>No. of inspections conducted <u>0</u></p> <p>No. of issues identified <u>0</u></p> <p>Were there issues for follow-up? YES/NO <u>---</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p><b>Accident/Incident Investigation</b> 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><b>Workplace Complaints</b> Since the last meeting indicate the following:</p> <p>No. of complaints received <u>2</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><b>Work Refusal(s)</b> 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

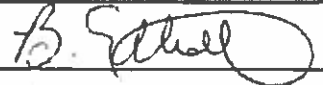
OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO	OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO
Leadership and Administration			Accident/Incident Investigations		
OH&S Committee			Workplace Inspections		
Communication			Emergency Preparedness	<u>---</u>	<u>---</u>
Education and Training			Disability Management	<u>---</u>	<u>---</u>
Safe Work Practices and Procedures			Ergonomics	<u>---</u>	<u>---</u>
Hazard Recognition, Evaluation and Control	<u>---</u>	<u>---</u>	Other	<u>---</u>	<u>---</u>

**PART III - SUMMARY OF ISSUES**

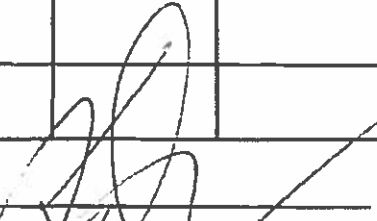
ISSUES SHOULD BE CARRIED FORWARDED AT EACH MEETING UNTIL THE ISSUES ARE COMPLETE

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
Sept. 19 2013	EN-1021C : Emerg, lighting mount issues/coverage?	OHS Inspection	Safety	Unknown	DHS to review	Darryl Pike	November 26 2013	Mount emerg. Lights to wall Verify coverage	Y
March 7 2014	Concrete Lab Electrical Review for GFI req'mets	OHS Matters Rising	Safety	Unknown	FM to review electrical panels, plugs receptacles, test breakers; GFI?	Darryl Pike	March 31 2013	FM contacted to correct issues	Y
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	DHS waiting for SUNCOR to be occupied => check decibles	N
June 5 2014	Wheel Chair ramp not working	General Operations	Building Accessibility	Unknown	FM to perform maintenance on system	Darryl Pike	April 8 2014	FM contacted to correct issues	Y
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		N

SIGNATURE OF CO-CHAIRS:

  
Employer Co-Chair

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

  
Worker Co-Chair

2014/10/15  
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.