April 2017

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

Date of Meeting (mm/dd/yyyy) SEPT 26 2014

WHSCC Firm Number 0140001 Site Number __

PART I - EMPLOYER

Company name: Memorial University of NL
Mailing address: 240 Prince Philip Dr.
St. John’s NL A1B 3X5

Phone: 709-778-8912 Fax: 709-778-4042

Total number of employees on site: 148

OHS minutes contact name and telephone #:
Darryl Pike 864-2171

Was an agenda used? Yes/No Yes
Number of issues deferred to next meeting: 0
Date of next meeting (Y/M/D): December 21 2014

PART II - OH&S COMMITTEE ACTIVITY

Workplace Inspections
Since the last meeting indicate the following:
No. of inspections conducted 0
No. of issues identified 0
Were there issues for follow-up? YES/NO YES

Workplace Complaints
Since the last meeting indicate the following:
No. of complaints received 2
Were there issues for follow-up? YES/NO YES

Accident/Incident Investigation
Since the last meeting indicate the following:
No. of accidents investigated 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
Were there issues for follow-up? YES/NO ND

Section 36.12(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>
</tr>
</thead>
<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>Workplace Inspections</td>
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<td>Communication</td>
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<td>Emergency Preparedness</td>
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<td>Education and Training</td>
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<td>Disability Management</td>
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<td>Safe Work Practices and Procedures</td>
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<td>Ergonomics</td>
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<tr>
<td>Hazard Recognition, Evaluation and Control</td>
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<td>Other</td>
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## PART III - SUMMARY OF ISSUES

**ISSUES SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL THE ISSUES ARE COMPLETE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Issue(s)</th>
<th>Source</th>
<th>Category</th>
<th>Cause(s)</th>
<th>Recommendation(s)</th>
<th>Followed-Up By</th>
<th>Date Forwarded to Employer</th>
<th>Recommendations Implemented</th>
<th>Resolved Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 19 2013</td>
<td>Hydro Pole Creosote Smell</td>
<td>Professor</td>
<td>Air Quality</td>
<td>Research Activity</td>
<td>Darryl to contact DHS For Review</td>
<td>Darryl Pike</td>
<td>August 16 2013</td>
<td>Wait until next pole shipment to test</td>
<td>N</td>
</tr>
<tr>
<td>July 19 2013</td>
<td>Syringe found in 3rd floor garbage can</td>
<td>Custodians</td>
<td>Safety</td>
<td>Unknown</td>
<td>Barb to follow-up with custodians on e-mail correspondence</td>
<td>Barb Elliott</td>
<td>November 20 2013</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Sept. 19 2013</td>
<td>EN-1021C : Emerg, lighting mount issues/coverage?</td>
<td>OHS inspection</td>
<td>Safety</td>
<td>Unknown</td>
<td>DHS to review</td>
<td>Darryl Pike</td>
<td>November 26 2013</td>
<td>Mount emerg. Lights to wall Verify coverage</td>
<td>Y</td>
</tr>
<tr>
<td>March 7 2014</td>
<td>Concrete Lab Electrical Review for GFI reqmets</td>
<td>OHS Matters Rising</td>
<td>Safety</td>
<td>Unknown</td>
<td>FM to review electrical panels, plugs receptacles, test breakers; GFI?</td>
<td>Darryl Pike</td>
<td>March 31 2013</td>
<td>FM contacted to correct issues</td>
<td>Y</td>
</tr>
<tr>
<td>March 7 2014</td>
<td>Fire Alarm annunciation not loud enough</td>
<td>OHS Matters Rising</td>
<td>Safety</td>
<td>Fire Alarm Set-Up</td>
<td>DHS to review</td>
<td>Darryl Pike</td>
<td>March 31 2013</td>
<td>DHS waiting for SUNCOR to be occupied =&gt; check decibles</td>
<td>N</td>
</tr>
<tr>
<td>June 5 2014</td>
<td>Wheel Chair ramp not working</td>
<td>General Operations</td>
<td>Building Accessibility</td>
<td>Unknown</td>
<td>FM to perform maintenance on system</td>
<td>Darryl Pike</td>
<td>April 8 2014</td>
<td>FM contacted to correct issues</td>
<td>Y</td>
</tr>
<tr>
<td>Sept. 24 2014</td>
<td>Floor riser in EN-4002 Trip Hazard</td>
<td>Professor</td>
<td>Safety</td>
<td>Building Design</td>
<td>FM to review area and make recommendations</td>
<td>Darryl Pike</td>
<td>October 7 2014</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Sept. 25 2014</td>
<td>Homemade Fire Exit sign in Cafeteria</td>
<td>Employee</td>
<td>Safety</td>
<td>Cafeteria Management</td>
<td>DHS to review sign</td>
<td>Darryl Pike</td>
<td>October 7 2014</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE OF CO-CHAIRS:**

Employer Co-Chair: [Signature]  Date (Y/M/D): [Signature]  Date (Y/M/D): [Signature]

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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.