

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

t 709.778.1552 f 709.778.1564

940001

Occupational Health & Safety Committee MINUTES REPORT FORM

27

Date of Meeting (y/m/d) 2023 06 02

PART I - EMPLOYER WorkplaceNL Firm Site Number Number EMPLOYER (head office information) **EMPLOYER REPRESENTATIVES** Company name: MEMORIAL UNIVERSITY OF NFLD & LABRADOR Co-chair: KELLY FOSS Certification KEL7410059 Training #: Mailing address: PO BOX 4200 (CHEMISTRY/PHYSICS BUILDING) Massigned Assigned ☐ Acting Co-chair Status: ST. JOHNS A1C 5S7 PROVINCE POSTAL CODE CITY Certification Members: Training # Employer site number/location: LIS7245988 LISA O'BRIEN Total number of employees on site: WORKER REPRESENTATIVES 709 864 3702 Telephone number: 709 864 2978 Fax number: Date of next meeting: 2023 80 09 Co-chair: SHAWN WALL Certification SHA7042067 YEAR MONTH DAY Training #: M Assigned Co-chair Status: Acting Seasonal shut down start Members: Certification date: Training # YEAR MONTH DAY Mar8743806 MARK DOWNEY Mel6579847 Seasonal shut down end MELANIE FITZPATRICK date: YEAR MONTH Guests:

PART II - OH&S ACTIVITY

PART II - OR&S ACTIVITY				
Since last meeting indicate the following:		From this meeting indicate the following		
No. of workplace inspections conducted:	3	No. of safety hazards identified:	0	
No. of workplace complaints/concerns received: _	0	No. of health hazards identified:	0	
No. of incident reports reviewed:	0	No. of outstanding items from last meeting:	0	
No. of right to refuse work situations:	0			

PART III - SUMMARY OF MEETING
ITEMS FOR FOLLOW-UP SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ITEMS ARE COMPLETE

	ITEM DATE
	ITEM(S)
	RECOMMENDATION(S)
	ACTION
	DATE FORWARDED TO EMPLOYER
Y/N (date)	DED RECOMMENDATIONS RESOLVED RECOMMENDATIONS RESOLVED
Yes No	RESOLVED