**PART I - EMPLOYER**

**WorkplaceNL Firm Number** 940001  
**Site Number** 27

**EMPLOYER (head office information)**

- **Company name:** MEMORIAL UNIVERSITY OF NFLD & LABRADOR
- **Mailing address:** PO BOX 4200 (CHEMISTRY/PHYSICS BUILDING)
- **Employer site number/location:** 100
- **Telephone number:** 709 864 2978
- **Fax number:** 709 864 3702
- **Date of next meeting:** 2023 09 08

**EMPLOYER REPRESENTATIVES**

- **Co-chair:** KELLY FOSS  
  **Certification Training #:** KEL7410059  
  **Co-chair Status:**  
  - Assigned  
  - Acting

- **Members:**
  - **LISA O'BRIEN**

**WORKER REPRESENTATIVES**

- **Co-chair:** SHAWN WALL  
  **Certification Training #:** SHA7042067  
  **Co-chair Status:**  
  - Assigned  
  - Acting

- **Members:**
  - **MARK DOWNEY**
  - **MELANIE FITZPATRICK**

**PART II - OH&S ACTIVITY**

**Since last meeting indicate the following:**

- No. of workplace inspections conducted: 3
- No. of workplace complaints/concerns received: 0
- No. of incident reports reviewed: 0
- No. of right to refuse work situations: 0

**From this meeting indicate the following:**

- No. of safety hazards identified: 0
- No. of health hazards identified: 0
- No. of outstanding items from last meeting: 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.

<table>
<thead>
<tr>
<th>ITEM DATE</th>
<th>ITEM(S)</th>
<th>RECOMMENDATION(S)</th>
<th>ACTION</th>
<th>DATE FORWARDED TO EMPLOYER</th>
<th>IMPLEMENTED RESOLVED</th>
<th>Y/N (DATE)</th>
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