

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

PART I - EMPLOYER

WorkplaceNL Firm Number 940001

Site Number 27

EMPLOYER (head office information)			EMPLOYER REPRESENTATIVES		
Company name: <u>MEMORIAL UNIVERSITY OF NFLD & LABRADOR</u>			Co-chair: <u>KELLY FOSS</u> Certification Training #: <u>KEL7410059</u>		
Mailing address: <u>PO BOX 4200 (CHEMISTRY/PHYSICS BUILDING)</u>			Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
<u>ST. JOHNS</u>	<u>NL</u>	<u>A1C 5S7</u>	Members:		
CITY	PROVINCE	POSTAL CODE	Certification Training #		
Employer site number/location: _____			<u>LISA O'BRIEN</u> <u>LIS7245988</u>		
Total number of employees on site: <u>100</u>			WORKER REPRESENTATIVES		
Telephone number: <u>709 864 2978</u> Fax number: <u>709 864 3702</u>			Co-chair: <u>SHAWN WALL</u> Certification Training #: <u>SHA7042067</u>		
Date of next meeting: <u>2023 09 08</u>			Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
YEAR MONTH DAY			Members:		
Seasonal shut down start date: _____			Certification Training #		
YEAR MONTH DAY			<u>MARK DOWNEY</u> <u>Mar8743806</u>		
Seasonal shut down end date: _____			<u>MELANIE FITZPATRICK</u> <u>Mel6579847</u>		
YEAR MONTH DAY			Guests: _____		

PART II - OH&S ACTIVITY

Since last meeting indicate the following:		From this meeting indicate the following	
No. of workplace inspections conducted:	<u>3</u>	No. of safety hazards identified:	<u>0</u>
No. of workplace complaints/concerns received:	<u>0</u>	No. of health hazards identified:	<u>0</u>
No. of incident reports reviewed:	<u>0</u>	No. of outstanding items from last meeting:	<u>0</u>
No. of right to refuse work situations:	<u>0</u>		

