



For assistance contact:
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 OHS.Minutes@workplacenl.ca

Visit us at:
 workplacenl.ca

Occupational Health and Safety Minutes Report Form

Date of Meeting _____ / _____ / _____
YYYY MM DD

WorkplaceNL Firm No. _____

Site No. _____

PART 1 – Employer

Employer (head office information)	Employer Representative(s)	Certification Training No.	Present (Y/N)
Company name: _____	Co-chair: _____	_____	_____
Mailing address: _____	assigned: acting:	_____	_____
CITY PROVINCE POSTAL CODE	Members: _____	_____	_____
Worksite street address: _____	_____	_____	_____
*Total number of employees on site: _____	_____	_____	_____
Date of next meeting: _____ / _____ / _____ <small>YYYY MM DD</small>	Worker Representative(s)	Certification Training No.	Present (Y/N)
*Seasonal shut down start date: _____ / _____ / _____ <small>YYYY MM DD</small>	Co-chair: _____	_____	_____
*Seasonal shut down end date: _____ / _____ / _____ <small>YYYY MM DD</small>	assigned: acting:	_____	_____
OHS minutes contact name: _____	Members: _____	_____	_____
Telephone: _____	_____	_____	_____
Email: _____	_____	_____	_____
*Please ensure worksites are updated on WorkplaceNL's connect, by managing your worksites under "Worksite Information".	Guest(s): _____		

PART 2 – OHS Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted _____	No. of safety hazards identified _____
No. of workplace complaints/concerns received _____	No. of health hazards identified _____
No. of incident reports reviewed _____	No. of outstanding items from last meeting _____
No. of right to refuse work situations _____	
Summary of Meeting on reverse ⑤ or Attached Document ⑤	

PART 3 – Summary of Meeting

Item date	Item	Recommendation	Action by (who and when)

Minutes of all OHS Committee meetings must be kept on file at the workplace, and a copy posted in a prominent area.

If you have a worksite with 20 or more workers, you are also required to submit your minutes on WorkplaceNL’s connect.