



MAIL FORM TO:
 146-148 Forest Road P.O. Box 9000
 St. John's NL A1A 3B8
FAX FORM TO:
 709.778.1564

CALL US AT:
 telephone: 709.778.1552
 toll-free: 1.800.563.9000
VISIT US AT:
 workplace.nl.ca

**Occupational Health & Safety
 Minutes Report Form
 (see instructions)**

Date of Meeting (Y/M/D) _____ WorkplaceNL Firm Number _____ Site Number _____

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: _____	Co-chair: _____	_____	_____
Mailing address: _____	Members: _____	_____	_____
CITY _____ PROVINCE _____ POSTAL CODE _____	_____	_____	_____
Worksite street address: _____	_____	_____	_____
Total number of employees on site: _____	_____	_____	_____
Date of next meeting (Y/M/D): _____ / _____ / _____	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down date (Y/M/D): _____ / _____ / _____	Co-chair: _____	_____	_____
OH&S minutes contact:	Members: _____	_____	_____
Name: _____	_____	_____	_____
Telephone No.: _____	_____	_____	_____
Failure to complete this form in its entirety may delay minutes from being accepted and processed. Please ensure three copies are made; one to post in the workplace, one for the OH&S committee's files, and one to send to WorkplaceNL.	_____	_____	_____
	Guest(s) _____	_____	_____

Part II – OH&S 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	

Both employer and worker co-chairs **MUST SIGN AND DATE** the minutes when they agree that the minutes are complete and accurate.

Employer Co-chair Signature: Leanne House

Worker Co-chair Signature: Mark Sullivan

Date: Oct 6, 2023

Date: _____

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)