



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: Name: _____ | Members: _____ | _____ | _____ |
| 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: L House
 Date: _____

Worker Co-chair Signature: Mark Sullivan
 Date: October 12, 2023

PART III – Summary of Meeting

| Item Date | Item | Recommendation | Action By (who & when) |
|------------------|-------------|-----------------------|---------------------------------------|
| | | | |