

Date of Meeting (y/m/d) 2022 12 09

PART I - EMPLOYER

WorkplaceNL Firm Number 940001

Site Number 31

EMPLOYER (head office information)			EMPLOYER REPRESENTATIVES		
Company name: <u>MEMORIAL UNIVERSITY OF NFLD & LABRADOR</u>			Co-chair: <u>LISA COOK</u>		Certification Training #: <u>LIS8348155</u>
Mailing address: <u>PO BOX 4200 (FACULTY OF ENGINEERING)</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	<u>DENNIS PETERS</u>		Certification Training # <u>DEN6670168</u>
Employer site number/location: _____			WORKER REPRESENTATIVES		
Total number of employees on site: <u>148</u>			Co-chair: <u>KEN SNELGROVE</u>		Certification Training #: <u>KEN6385503</u>
Telephone number: <u>709 864 8812</u> Fax number: <u>709 864 4042</u>			Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
Date of next meeting: <u>2023 03 15</u>			Members:		Certification Training #
YEAR MONTH DAY			<u>SALIM AHMED</u>		<u>SAL7342011</u>
Seasonal shut down start date: _____			Guests: <u>Darrell Gosse, Dennis Cramm</u>		
YEAR MONTH DAY			<u>Nita Rogers</u>		
Seasonal shut down end date: _____					
YEAR MONTH DAY					

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>1</u>
No. of right to refuse work situations:	<u>0</u>		

PART III - SUMMARY OF MEETING

ITEMS FOR FOLLOW-UP SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ITEMS ARE COMPLETE

ITEM DATE	ITEM(S)	RECOMMENDATION(S)	ACTION	DATE FORWARDED TO EMPLOYER	RECOMMENDATIONS IMPLEMENTED Y/N (date)	RESOLVED	
						Yes	No
1. Mar, 05/20	CONCRETE LAB: FAILURE OF RESEARCHERS TO MAINTAIN SAFE WORKING SPACE WHILE WORKING OR TO RETURN SPACE TO SAFE, CLEAN CONDITIONS.	CAPITAL PROJECT REQUEST HAS BEEN SUBMITTED. FEAS TO RECEIVE INFORMATION FROM FM REGARDING A CONSULTANT PROPOSAL FOR THE RESOLUTION AND DETERMINE THE BEST PLAN FORWARD. CAPITAL PROJECT ONGOING.	LISA COOK	Mar, 05/20	Sep, 23/22		<input checked="" type="checkbox"/>