

Date of Meeting (y/m/d) 2023 08 08

**PART I - EMPLOYER**

WorkplaceNL Firm Number 940001

Site Number 31

EMPLOYER (head office information)	EMPLOYER REPRESENTATIVES
Company name: <u>MEMORIAL UNIVERSITY OF NFLD &amp; LABRADOR</u>	Co-chair: SARAH LEWIS Certification Training #: <u>SAR8636315</u>
Mailing address: <u>PO BOX 4200 (FACULTY OF ENGINEERING)</u>	Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting
ST. JOHNS NL A1C 5S7	<b>Members:</b> Certification Training #
CITY PROVINCE POSTAL CODE	
Employer site number/location: _____	
Total number of employees on site: <u>148</u>	<b>WORKER REPRESENTATIVES</b>
Telephone number: <u>709 864 8812</u> Fax number: <u>709 864 4042</u>	Co-chair: KEN SNELGROVE Certification Training #: <u>KEN6385503</u>
Date of next meeting: <u>2023 11 23</u>	Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting
YEAR MONTH DAY	<b>Members:</b> Certification Training #
Seasonal shut down start date: _____	CRAIG MITCHELL CRA7297659
YEAR MONTH DAY	SALIM AHMED SAL7342011
Seasonal shut down end date: _____	GLENN RICE GLE8892504
YEAR MONTH DAY	SHAWN ORGAN SHA7732548
	DOUG SMITH
	NITA ROGERS NIT6760854
	Guests: <u>Matthew Pittman</u>

**PART II - OH&S ACTIVITY**

Since last meeting indicate the following:	From this meeting indicate the following
No. of workplace inspections conducted: <u>0</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>3</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, 06/23	COMPLAINTS OF ODORS FROM OCCUPANTS OF SUNCOR CENTRE WHEN THE WIND IS BLOWING IN A CERTAIN DIRECTION.	NO UPDATE TO REPORT. CONSULTING WORK IS DONE. NEEDS TO BE ASSIGNED TO A PROJECT MANAGER. SUGGESTED TO INSTALL A CLOSE INTAKE WHEN THE UNIT IS ON. MAYBE A SENSOR FOR WIND DIRECTION WHICH GENERATES A LIGHT WHEN NOT IN USE. MAYBE TRYING A SCRUBBER.	SARAH LEWIS & CRAIG MITCHELL	Mar, 06/23	Mar, 30/23		✓
2. Mar, 20/23	OIL DRUM-TWO CORRODED AND SURFACE IS CORRODED. NO CAPS ON THEM. RAIN IS GETTING IN.	DRUMS INSPECTED AND NO OIL WAS PRESENT. REQUESTING DRUMS BE REMOVED.	SARAH LEWIS/CRAIG MITCHELL	Mar, 20/23	Mar, 30/23	✓	
3. Mar, 05/20	CONCRETE LAB: FAILURE OF RESEARCHERS TO MAINTAIN SAFE WORKING SPACE WHILE WORKING OR TO RETURN SPACE TO SAFE, CLEAN CONDITIONS.	VESTIBULE COMPLETED. EXHAUST FAN REMOVED FROM ROOF. ELECTRICAL SHOP ENGAGED TO RUN WIRING FOR INDOOR AIR QUALITY MONITORS. IF DUST IS MOVING IN THE SPACE PAST A SET POINT, FRESH AIR WILL BE BROUGHT INTO THE ROOM. A MOBILE PIECE OF EQUIPMENT EXTRACTION SOLUTION WILL BE USED.	SARAH LEWIS	Mar, 05/20	Sep, 23/22		✓
4. Jun, 09/23	STRENGTH LAB INSPECTION	DETAILED AND IN-DEPTH INSPECTION COMPLETED. MOST ISSUES RESOLVED BUT OTHERS REMAIN ON-GOING. WILL NEED TO MEET WITH USERS TO COMPLETE RUSK REGISTRIES TO DEVELOP AND IMPLEMENT LAB SAFETY PROTOCOLS FOR STUDENTS.	SARAH LEWIS	Jun, 15/23	Jun, 15/23		✓