

Occupational Health & Safety (OH&S) Committee
MINUTES REPORT FORM



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*Date of Meeting (y/m/d) 2013, July, 19

PART I - EMPLOYER

WHSCC Firm Number 940001 Site Number —

*EMPLOYER (head office information)		*EMPLOYER REPRESENTATIVES		PRESENT
Company name: <u>MEMORIAL UNIVERSITY OF NL</u>	Co-chair: <u>BARB ELLIOTT</u>	Certificate No.: <u>170795</u>		YES/NO <u>Y</u>
Mailing address: <u>240 PRINCE PHILLIP DR.</u>	Co-chair status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting			
<u>St. John's NL A1B 3X5</u>	Members: <u>ANDY FISHER</u>	Certificate No.: <u>173091</u>		<u>Y</u>
CITY PROVINCE POSTAL CODE	<u>DENNIS CRAMM</u>	Certificate No.: <u>168792</u>		<u>Y</u>
Telephone # <u>864-8812</u> Fax # <u>864-4042</u>	<u>DARRYL PIKE</u>	Certificate No.: <u>168776</u>		<u>Y</u>
Employer site number/location: <u>—</u>		Certificate No.: <u>—</u>		<u>—</u>
Total number of employees on site: <u>148</u>		Certificate No.: <u>—</u>		<u>—</u>
OHS minutes contact name and telephone #	*WORKER REPRESENTATIVES			PRESENT
<u>DARRYL PIKE 864-2171</u>	Co-chair: <u>KEN SWELGRIVE</u>	Certificate No.: <u>170806</u>		YES/NO <u>Y</u>
Was an agenda used? Yes/No <u>YES</u>	Co-chair status: <input type="checkbox"/> Assigned <input type="checkbox"/> Acting			
Number of issues deferred to next meeting: <u>5</u>	Members: <u>SHAWN ORGAN</u>	Certificate No.: <u>168788</u>		<u>Y</u>
Date of next meeting (Y/M/D): <u>SEPT 20, 2013</u>	<u>LEANNE HAYDEN</u>	Certificate No.: <u>173108</u>		<u>Y</u>
Seasonal shut down date (Y/M/D): <u>N/A</u>	<u>DR. SALIM AHMED</u>	Certificate No.: <u>168790</u>		<u>Y</u>
		Certificate No.: <u>—</u>		<u>—</u>
		Certificate No.: <u>—</u>		<u>—</u>
*Indicates a required field. Failure to fill out required fields can delay minutes from being accepted and processed by the Commission.		Guests: <u>—</u>		

PART II - OH&S COMMITTEE ACTIVITY

<p>Workplace Inspections</p> <p>Since the last meeting indicate the following:</p> <p>No. of inspections conducted <u>1</u></p> <p>No. of issues identified <u>1</u></p> <p>Were there issues for follow-up? YES/NO <u>YES</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p>Accident/Incident Investigation</p> <p>Since the last meeting indicate the following:</p> <p>No. of accident investigations conducted <u>0</u></p> <p>No. of incident investigations conducted <u>0</u></p> <p>No. of accident reports reviewed <u>0</u></p> <p>No. of incident reports reviewed <u>0</u></p>
<p>Workplace Complaints</p> <p>Since the last meeting indicate the following:</p> <p>No. of complaints received <u>3</u></p> <p>Were there issues for follow-up? YES/NO <u>YES</u></p> <p>If Yes (record in Summary of Issues Part III)</p>	<p>Work Refusal(s)</p> <p>Did the committee review or participate in any "right to refuse unsafe work" situations since the last meeting? YES/NO <u>No</u></p> <p>No. of right to refuse unsafe work situations <u>0</u></p> <p>Were there issues for follow-up? YES/NO <u>No</u></p> <p>If Yes (record in summary of issues Part III)</p>

Section 36.1(2) of the OH&S Act requires the employer to establish an OH&S program "in consultation with the [OH&S] committee...at the workplace." As a means of monitoring the OH&S program, the committee should review the different parts of the program to ensure they are effective. In the following section, please indicate the OH&S committee's involvement with the program and whether or not the program elements are effective. Please select the element that was reviewed at this meeting.

PLEASE PRINT CLEARLY

OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO	OH&S PROGRAM ELEMENTS	DATE REVIEWED	EFFECTIVE YES/NO
Leadership and Administration	—	—	Accident/Incident Investigations	—	—
OH&S Committee	—	—	Workplace Inspections	—	—
Communication	—	—	Emergency Preparedness	—	—
Education and Training	—	—	Disability Management	—	—
Safe Work Practices and Procedures	—	—	Ergonomics	—	—
Hazard Recognition, Evaluation and Control	—	—	Other	—	—

PART III – SUMMARY OF ISSUES (attach a separate sheet if necessary)

ISSUES SHOULD BE CARRIED FORWARD AT EACH MEETING UNTIL SUCH TIME AS THE ISSUES ARE COMPLETE

PLEASE PRINT CLEARLY

April 2011

ISSUE DATE	ISSUE(S)	SOURCE	CATEGORY	CAUSE(S)	RECOMMENDATION(S)	FOLLOWED-UP BY	DATE FORWARDED TO EMPLOYER	RECOMMENDATIONS IMPLEMENTED Y/N (date)	RESOLVED Y/N
Feb 13 2013	HAND RAILS IN FRONT OF Building Need REPAIR	FEAS OHS Member	Building MAINTENANCE	GENERAL WEAR & TEAR	Barb to follow-up with FM on previous email SHE HAD SENT TO HAVE THIS FIXED	Barb ELLIOTT	FM request to fix on 17th and request sent Apr. 17/13	June 2013	Y
July 19 2013	Lights NOT working in EN-1020H	OHS Building Inspector	Building MAINTENANCE	WATER LEAKS IN Roof.	Darryl to follow-up with FM on previous emails.	Darryl PIKE	FM request to fix Oct 13, 2012		N
July 19 2013	HYDRO Poles: create smell	Professor	Air QUALITY	RESEARCH ACTIVITY.	Darryl to contact OHS for REPAIR	Darryl PIKE			N
July 19 2013	Strange fumes in 3rd floor garbage	CUSTODIANS	SAFETY	UNKNOWN	Barb to follow-up with CUSTODIANS on e-mail CORRESPONDANCE	Barb ELLIOTT			N
July 19 2013	Room EN-1035E WHERE IS MAIN POWER SWITCH for CRANE MOTOR	RESEARCH group	SAFETY OPERATIONS	LABELLING	Darryl to contact FM TO REVISION AND LABEL	Darryl PIKE			No

SIGNATURE OF CO-CHAIRS:

B. Elliott
Employer Co-chair

Date (Y/M/D) 2013/07/31

[Signature]
Worker Co-chair

Date (Y/M/D) 2013 July 31

Before returning this copy to the Commission, please ensure two copies are made – one to post in the workplace and one for the OH&S Committee's file. The original must be sent to the Commission.