

Date of Meeting (y/m/d) 2024 11 06

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>SARAH LEWIS</u> 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		
<u>ST. JOHNS</u>	<u>NL</u>	<u>A1C 5S7</u>	Members:		
CITY	PROVINCE	POSTAL CODE	Certification Training #		
Employer site number/location: _____			<u>JASON STEVENS</u> <u>jas8801456</u>		
Total number of employees on site: <u>148</u>			<u>NITA ROGERS</u> <u>NIT6760854</u>		
Telephone number: <u>709 864 8812</u> Fax number: <u>709 864 4042</u>			WORKER REPRESENTATIVES		
Date of next meeting: <u>2025 02 04</u>			Co-chair: <u>DOUG SMITH</u> Certification Training #: <u>Dou8634367</u>		
YEAR MONTH DAY			Co-chair Status: <input checked="" type="checkbox"/> Assigned <input type="checkbox"/> Acting		
Seasonal shut down start date: _____			Members:		
YEAR MONTH DAY			Certification Training #		
Seasonal shut down end date: _____			<u>SALIM AHMED</u> <u>sal7342011</u>		
YEAR MONTH DAY			<u>SHAWN ORGAN</u> <u>SHA7732548</u>		
			<u>ALLISON KENNY</u> <u>All8637407</u>		
			Guests: <u>Wanda Wilcox</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>6</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>2</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. May, 01/24	FUMES FROM PAINTING FILLING SUNCOR.	REQUEST INTO FACILITIES TO UPDATE LAB EXHAUST EQUIPMENT. TECHS TO LET SUNCOR KNOW WHEN THERE IS PAINTING GOING ON SO WE CAN MAKE ACCOMMODATIONS FOR STAFF THAT MAY NEED IT.		May, 01/24		✓	
2. 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	✓	