

Date of Meeting (y/m/d) 2024 02 15

**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	JASON STEVENS <u>jas8801456</u>
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: DOUG SMITH Certification Training #: <u>Dou8634367</u>
Date of next meeting: <u>2024 05 16</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 <u>CRA7297659</u>
YEAR MONTH DAY	SHAWN ORGAN <u>SHA7732548</u>
Seasonal shut down end date: _____	ALLISON KENNY <u>All8637407</u>
YEAR MONTH DAY	SHAWN BESON <u>sha8625325</u>
	RUSHI PATEL <u>RUS8973382</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>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. Nov, 23/23	FIRE ALARM REPOSTED TO BE VERY LOW VOLUME IN EN1015 AND EN1036G. EAR PROTECTION IS OFTEN WORN IN THESE LABS.	RECOMMENDED THAT LAB SUPERVISOR PUT IN A REQUEST THROUGH FACILITIES MANAGEMENT TO HAVE STROBE LIGHTS INSTALLED		Nov, 23/23		✓	
2. Nov, 23/23	STRUCTURES LAB REQUIRES ADDITIONAL WELDING SCREENS	ADD MORE WELDING SCREENS.		Nov, 23/23		✓	
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		✓