

Date of Meeting (Y/M/D) 2018 / 02 / 02 WorkplaceNL Firm Number 940001 Site Number 31

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: <u>Memorial University of Newfoundland</u>	Co-chair: <u>Barb Elliott</u>	<u>170795</u>	<u>Y</u>
Mailing address: <u>240 Prince Phillip Drive</u>	Members: <u>Andy Fisher</u>	<u>173091</u>	<u>Y</u>
St. John's NL A1B 3X5	<u>Dennis Cramm</u>	<u>168792</u>	<u>N</u>
CITY PROVINCE POSTAL CODE			
Worksite street address: <u>Same</u>			
Total number of employees on site: <u>150</u>			
Date of next meeting (Y/M/D): <u>2018 / 12 / 01</u>			
Seasonal shut down date (Y/M/D): <u>- / - / -</u>			
OH&S minutes contact: Name: <u>Barb Elliott</u>	Worker Representative(s)	Certification Training #	Present (Y/N)
Telephone No.: <u>864-3249</u>	Co-chair: <u>Ken Snelgrove</u>	<u>170806</u>	<u>Y</u>
	Members: <u>Salim Ahmed</u>	<u>173108</u>	<u>Y</u>
	<u>Jason Parsons</u>	<u>191172</u>	<u>Y</u>
	<u>Mark Kielely</u>	<u>191172</u>	<u>N</u>
	<u>Craig Mitchell</u>	<u>7297659</u>	<u>Y</u>
	<u>Lori Hogan</u>	<u>7997931</u>	<u>Y</u>
	Guest(s)		

Failure to complete this form in its entirety may delay minutes from being accepted and processed. Please ensure three copies are made; one to post in the workplace, one for the OH&S committee's files, and one to send to WorkplaceNL.

Part II – OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>1</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>0</u>
No. of right to refuse work situations <u>0</u>	
Summary of Meeting on reverse <input checked="" type="radio"/> or Attached Document <input type="radio"/>	

Both employer and worker co-chairs **MUST SIGN AND DATE** the minutes when they agree that the minutes are complete and accurate.

Employer Co-chair Signature: [Signature]
Date: Feb 5/18

Worker Co-chair Signature: [Signature]
Date: Feb 6, 2018

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)