



EMAIL FORM TO:  
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 709.778.1552  
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 workplacnl.ca

**Occupational Health & Safety  
 Minutes Report Form**

Date of Meeting (Y/M/D) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ WorkplaceNL Firm Number \_\_\_\_\_ Site Number \_\_\_\_\_

**PART I – Employer**

| Employer (head office information)  | Employer Representative(s)    | Certification Training # | Present (Y/N) |
|---|-------------------------------|--------------------------|---------------|
| Company name: _____   | Co-chair: _____               | _____                    | _____         |
| Mailing address: _____  | assigned: _____ acting: _____ | _____                    | _____         |
| CITY _____ PROVINCE _____ POSTAL CODE _____   | Members: _____                | _____                    | _____         |
| Worksite street address: _____  | _____                         | _____                    | _____         |
| Total number of employees on site: _____  | _____                         | _____                    | _____         |
| Date of next meeting (Y/M/D): _____ / _____ / _____   | Worker Representative(s)      | Certification Training # | Present (Y/N) |
| Seasonal shut down start date (Y/M/D): _____ / _____ / _____  | Co-chair: _____               | _____                    | _____         |
| Seasonal shut down end date (Y/M/D): _____ / _____ / _____  | assigned: _____ acting: _____ | _____                    | _____         |
| OH&S minutes contact name: _____  | Members: _____                | _____                    | _____         |
| Telephone: _____  | _____                         | _____                    | _____         |
| Email: _____  | _____                         | _____                    | _____         |
| 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. | Guest(s)                      | _____                    | _____         |
|   | _____                         | _____                    | _____         |

**Part II – OH&S Activity**

|   |  |
|---|--|
| Since last meeting indicate the following:                    | From this meeting indicate the following:        |
| No. of workplace inspections conducted _____                  | No. of safety hazards identified _____           |
| No. of workplace complaints/concerns received _____           | No. of health hazards identified _____           |
| No. of incident reports reviewed _____                        | No. of outstanding items from last meeting _____ |
| No. of right to refuse work situations _____                  |  |
| <b>Summary of Meeting on reverse ⑤ or Attached Document ⑤</b> |  |

**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: Barb Elliott  
 Date: \_\_\_\_\_

Worker Co-chair Signature: [Signature]  
 Date: Sept 20, 2021

**PART III – Summary of Meeting**

| <b>Item Date</b> | <b>Item</b> | <b>Recommendation</b> | <b>Action By<br/>(who &amp; when)</b> |
|------------------|-------------|-----------------------|---------------------------------------|
|                  |             |                       |                                       |