workplaceNL

MAIL FORM TO:
146-148 Forest Road P.O. Box 9000
St. John's NL A1A 3B8
FAX FORM TO:
709.778.1564

CALL US AT:
telephone: 709.778.1552
toll-free: 1.800.563.9000
VISIT US AT:
workplacenl.ca

Occupational Health & Safety Minutes Report Form
(see instructions)

Date of Meeting (Y/M/D) 2016 / 11 / 18   WorkplaceNL Firm Number 940001   Site Number -

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: Memorial University of Newfoundland	Co-chair: Barb Elliott	170795	Y
Mailing address: 240 Prince Phillip Drive	Members: Andy Fisher	173091	Y
St. John's NL A1B 3X5	Dennis Cramm	168792	N
CITY PROVINCE POSTAL CODE	Darryl Pike	168776	Y
Worksite street address: Same	Andrew Draskoy	202737	Y
Total number of employees on site: 150			

	Worker Representative(s)	Certification Training #	Present (Y/N)
Date of next meeting (Y/M/D): 2016 / November / 18			
Seasonal shut down date (Y/M/D): - / - / -	Co-chair: Ken Snelgrove	170806	Y
	Members: Shawn Organ	168788	Y
	Salim Ahmed	173108	Y
OH&S minutes contact:	Jason Parsons	191172	N
Name: Darryl Pike	Mark Kieley	202734	N
Telephone No.: 864-2171			

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)Darrell Gosse : Department of Environment Health and Safety

Part II – OH&S Activity

Since last meeting indicate the following:

No. of workplace inspections conducted   0
No. of workplace complaints/concerns received   0
No. of incident reports reviewed   0
No. of right to refuse work situations   0

From this meeting indicate the following:

No. of safety hazards identified   0
No. of health hazards identified   0
No. of outstanding items from last meeting   0

Summary of Meeting on reverse ⊙ or Attached Document ○

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: _____   Worker Co-chair Signature: _____

Date: Jan 13/17   Date: Jan 13, 2017

Revised April 2016

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)