



**Workplace Health, Safety & Compensation Commission**  
 Phone: (709) 778-1552  
 Toll free: 1-800-563-9000  
 Fax: (709) 778-1564  
 www.whscc.nl.ca

148 - 148 Forest Rd.  
 P.O. Box 9000  
 St. John's, NL  
 A1A 3B8

**Occupational Health & Safety  
 Minutes Report Form**  
 (see instructions)

Date of Meeting (Y/M/D) 2016 / 09 / 09 WHSCC Firm Number 940001 Site Number ?

**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	<u>Darryl Pike</u>	<u>168776</u>	<u>Y</u>
Worksite street address: <u>Same</u>	<u>Andrew Draskoy</u>	<u>202737</u>	<u>Y</u>
Total number of employees on site: <u>150</u>			
Date of next meeting (Y/M/D): <u>2016 / June / 3</u>	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down date (Y/M/D): <u>- / - / -</u>	Co-Chair: <u>Ken Snelgrove</u>	<u>170806</u>	<u>Y</u>
OH&S minutes contact: Name: <u>Darryl Pike</u>	Members: <u>Shawn Organ</u>	<u>168788</u>	<u>N</u>
Telephone No.: <u>864-2171</u>	<u>Salim Ahmed</u>	<u>173108</u>	<u>Y</u>
	<u>Jason Parsons</u>	<u>191172</u>	<u>N</u>
	<u>Mark Kieley</u>	<u>202734</u>	<u>Y</u>
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 the Commission.	Guest(s) <u>Darrall Gosse : Department of Environment Health and Safety</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>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: Nov 17/16

Worker Co-chair Signature: [Signature]  
 Date: Nov 17, 2016

**PART III – SUMMARY OF MEETING**

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