

**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) 2019 / 08 / 01 WorkplaceNL Firm Number 94001 Site Number 31

**PART I – Employer**

| Employer (head office information)  | Employer Representative(s)        | Certification Training #        | Present (Y/N)        |
|---|-----------------------------------|---------------------------------|----------------------|
| Company name: <u>Memorial University</u>  | Co-chair: <u>Barb Elliott</u>     | <u>BARG6574987</u>              | <u>Y</u>             |
| Mailing address: <u>240 Prince Philip Dr</u>  | Members: <u>Andy Fisher</u>       | <u>AND6091896</u>               | <u>Y</u>             |
| <u>St. John's</u> <u>NL</u> <u>A1B 3X5</u>  | <u>Dennis Cramm</u>               | <u>DEN6348962</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>2019 / 10 / 25</u>   |                                   |                                 |                      |
| Seasonal shut down date (Y/M/D): <u>  /  /  </u>  |                                   |                                 |                      |
| OH&S minutes contact:<br>Name: <u>Lori Hogan</u>  | <b>Worker Representative(s)</b>   | <b>Certification Training #</b> | <b>Present (Y/N)</b> |
| Telephone No.: <u>709-864-3711</u>  | Co-chair: <u>Ken Snelgrove</u>    | <u>KEN6385503</u>               | <u>Y</u>             |
|   | Members: <u>Salim Ahmed</u>       | <u>SAL7342011</u>               | <u>Y</u>             |
|   | <u>Mark Kieley</u>                | <u>MAR7695386</u>               | <u>N</u>             |
|   | <u>Craig Mitchell</u>             | <u>CRA7297659</u>               | <u>N</u>             |
|   | <u>Lori Hogan</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 WorkplaceNL. | Guest(s) <u>Mike Yetman - EHS</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: B. Elliott  
Date: Aug 2, 2019.

Worker Co-chair Signature: [Signature]  
Date: Aug 2, 2019

**PART III – Summary of Meeting**

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