

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:
workplacnl.ca

Occupational Health & Safety Minutes Report Form (see instructions)

Date of Meeting (Y/M/D) 2019 / 05 / 10 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>BAR6574987</u>	<u>Y</u>
Mailing address: <u>240 Prince Phillip Drive</u>	Members: <u>Andy Fisher</u>	<u>AND6091896</u>	<u>Y</u>
St John's NL A1B 3X5	<u>Dennis Cramm</u>	<u>DEN6348962</u>	<u>Y</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 / 08 / 01</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>KEN6385503</u>	<u>Y</u>
OH&S minutes contact: Name: <u>Lori Hogan</u>	Members: <u>Salim Ahmed</u>	<u>SAL7342011</u>	<u>Y</u>
Telephone No.: <u>864-3711</u>	<u>Lori Hogan</u>	<u>LOR7997931</u>	<u>N</u>
	<u>Mark Kieley</u>	<u>MAR7695386</u>	<u>Y</u>
	<u>Craig Mitchell</u>	<u>CRA7297659</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>Darrell Gosse, Adam Taylor</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: *Barb Elliott*

Date: May 13, 2019

Worker Co-chair Signature: *[Signature]*

Date: May 14, 2019

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)