

progress to date.

### Health and Safety Committee MEETING MINUTES

Meeting Time and Location							
		Meeting Date (yyyy/mm/dd)					
Meeting Start Time	Meeting End Time	Location					
Meeting minutes are used to record health and safety concerns/hazards identified at the workplace and steps taken by the Joint Workplace Health and Safety Committee, Employer, and others to resolve these concerns/hazards. It is important to have detailed meeting minutes to identify hazards or non-compliances with occupational health and safety legislation - and work towards at a minimum ensuring compliance.							
		nd make them available for review. They are properties and					

Attendance **Present Absent** Union Co-Chair: Management Co-Chair: Minute-Taker: **Union Members (Name and Occupation)** Management Members (Name and Occupation) **Guests and Others (Name and Additional Information)** Total Employees in Attendance (Union and Management)



Item #	Discussion (Provide adequate description)	Recommendation or Action To Be Taken	Person Responsible (name & contact info)	Target Date/ Priority	Date Item Closed
1.0	General Business (may safety minute; membe	, include: introduction/welcome gues rs update; review and approval of pre	t(s) and new m vious meeting	ember(s); minutes)	
1.1	Introductions				
1.2	Meeting Moment/ Safety Moment				
1.3	Review and approval of previous meeting minutes				
2.0	Old Business (e.g.: unfidentify why and statu	inished business from previous meet is of completion)	ing minutes—I	f item is inco	nplete,
2.1					



Item #	Discussion (Provide adequate description)	Recommendation or Action To Be Taken	Person Responsible (name & contact info)	Target Date/ Priority	Date Item Closed
3.0	New Business (e.g.: ne completion)	w items for consideration or requiring	g further reviev	w – identify st	atus of
3.1					



Item #	Discussion (Provide adequate description	Recommendation or Action To Be Taken	Person Responsible (name & contact info)	Target Date/ Priority	Date Item Closed
4.0	Regular reports (e.g.: in aid and lost-time, safe	ncident investigation and corrective a ty statistics, OHS training, workplace	ctions, injuries safety trends,	/illness/fatali etc.)	ties, first
4.1					



Item #	Discussion (Provide adequate description	Recommendation or Action To Be Taken	Person Responsible (name & contact info)	Target Date/ Priority	Date Item Closed
5.0	Workplace inspections identify why and status	<b>s</b> (e.g.: Report from Inspectors, review s of completion)	of items, if ite	em is incomple	ete,
5.1					
6.0	Industrial Hygiene Rep   or Program Requests/U	nunication (e.g.: Government or Regu ports [Exposure, Air Quality, Noise, Erg Updates, Special Projects, External Sa s, External Investigations or Audits, et	gonomics, etc.] fety Reports, N	, Safety Polic	v l
6.1					



Item #	Discussion (Provide adequate description	Recommendation or Action To Be Taken	Person Responsible (name & contact info)	Target Date/ Priority	Date Item Closed
7.0	sessions for committee	d Improvements (e.g.: safety presenta e on new hazards or other pertinent s nts to health and safety program/trai	ubjects, workp	guests, educa llace OHS Tra	ational ining and
7.1					
8.0	Other Business/Round not covered, upcoming	dtable (opportunity for members to sl g elections, etc.)	nare informatio	on, record any	points
8.1					



Next Meeting: Date (yyyy/mm/dd): Location:	Scheduled Start Tim	ne:	Scheduled End	Time:	
Co-Chairpersons' Signature Please indicate by (X) in the best BOTH Union and Management minutes are complete and acceptease attach concerns on a second of the concerns of the	rackets below who chant co-chairs must sign curate. If one or both c	the Meetin	g Minutes wher	n they agree tha the minute reco	t the ord,
	PRINT				SIGNATURE
( ) Management Co-Chair:	TRINI				JOINATORE
	PRINT				SIGNATURE
Meeting Minutes Distrib Note: Post Meeting Minutes i Name(s):  Location(s):	_			ely to be seen by	y workers.
Committee Member Con Union Members - Name and					
Management Members Name	e and Email Address:				