



EMAIL FORM TO:
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 FAX FORM TO:
 709.778.1564

CALL US AT:
 709.778.1552
 1.800.563.9000

VISIT US AT:
 workplacnl.ca

**Occupational Health & Safety
 Minutes Report Form**

Date of Meeting (Y/M/D) _____ / _____ / _____ WorkplaceNL Firm Number _____ Site Number _____

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: _____	Co-chair: _____	_____	_____
Mailing address: _____	assigned: _____ acting: _____	_____	_____
CITY _____ PROVINCE _____ POSTAL CODE _____	Members: _____	_____	_____
Worksite street address: _____	_____	_____	_____
Total number of employees on site: _____	_____	_____	_____
Date of next meeting (Y/M/D): _____ / _____ / _____	Worker Representative(s)	Certification Training #	Present (Y/N)
Seasonal shut down start date (Y/M/D): _____ / _____ / _____	Co-chair: _____	_____	_____
Seasonal shut down end date (Y/M/D): _____ / _____ / _____	assigned: _____ acting: _____	_____	_____
OH&S minutes contact name: _____	Members: _____	_____	_____
Telephone: _____	_____	_____	_____
Email: _____	_____	_____	_____
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)	_____	
	_____	_____	

Part II – OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted _____	No. of safety hazards identified _____
No. of workplace complaints/concerns received _____	No. of health hazards identified _____
No. of incident reports reviewed _____	No. of outstanding items from last meeting _____
No. of right to refuse work situations _____	
Summary of Meeting on reverse ⑤ or Attached Document ⑤	

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: _____

Date: _____

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)