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 workplacenl.ca

# Occupational Health and Safety Minutes Report Form

Date of Meeting        /        /        WorkplaceNL Firm No.                      Site No.                       
YYYY MM DD

## PART 1 – Employer

Employer (head office information)	Employer Representative(s)	Certification Training No.	Present (Y/N)
Company name: _____ Mailing address: _____ CITY PROVINCE POSTAL CODE Worksite street address: _____ *Total number of employees on site: _____ Date of next meeting: _____ *Seasonal shut down start date: _____ *Seasonal shut down end date: _____ OHS minutes contact name: _____ Telephone: _____ Email: _____	Co-chair: _____ assigned: acting: Members: _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
	Worker Representative(s)	Certification Training No.	Present (Y/N)
	Co-chair: _____ assigned: acting: Members: _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
*Please ensure worksites are updated on WorkplaceNL’s connect, by managing your worksites under "Worksite Information".		Guest(s): _____ _____	

## PART 2 – OHS 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 _____	
<b>Summary of Meeting on reverse ⑤ or Attached Document ⑤</b>	

**PART 3 – Summary of Meeting**

Item date	Item	Recommendation	Action by (who and when)

Minutes of all OHS Committee meetings must be kept on file at the workplace, and a copy posted in a prominent area.

If you have a worksite with 20 or more workers, you are also required to submit your minutes on WorkplaceNL's connect.