



**Workplace Health, Safety & Compensation Commission**  
 Phone: (709) 778-1552 | 146 - 148 Forest Rd.  
 Toll free: 1-800-563-9000 | P.O. Box 9000  
 Fax: (709) 778-1564 | St. John's, NL  
 www.whscc.nl.ca | A1A 3B8

**Occupational Health & Safety  
 Minutes Report Form**  
 (see instructions)

Date of Meeting (Y/M/D) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ WHSCC 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: _____	Members: _____	_____	_____
CITY _____ PROVINCE _____ POSTAL CODE _____	_____	_____	_____
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 date (Y/M/D): _____ / _____ / _____	Co-Chair: _____	_____	_____
OH&S minutes contact: Name: _____	Members: _____	_____	_____
Telephone No.: _____	_____	_____	_____
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 the Commission.	_____	_____	_____
	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 _____	
<b>Summary of Meeting on reverse ⑤ or Attached Document ⑤</b>	

**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**

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