

STANDARD MINUTE FORMAT

Minutes

Joint Occupational Health and Safety Committee

Name of Workplace: _____

Address of Workplace: _____

Total Number of Employees (management and union) at workplace: _____

Meeting Date: _____ Meeting Time: _____

Employer Members:

Name	Occupation	Present	Absent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Union Members:

Name	Occupation	Present	Absent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guests:

Name	Occupation
_____	_____
_____	_____
_____	_____
_____	_____

Minutes of last meeting: _____ (date) read and adopted.



I. Old Business

Original Date and Item Number	Concern or Problem	Recommendation or Action Taken (incl. date or priority)	Person Responsible
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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II. New Business

Date and Item Number	Concern or Problem	Recommendation or Action Taken (incl. date or priority)	Person Responsible
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III. Reports of any government or other inspectors and results of recommendations.

IV. Accident Investigation Reports results of recommendations.



B.C. FEDERATION OF LABOUR
 OCCUPATIONAL HEALTH & SAFETY EDUCATION
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 200-5118 JOYCE ST
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V. First Aid and Lost Time Statistics

Categories (by type and work area)

VI. Other Reports

VII. Other Business

VII. Monthly Educational Topic

IX. Next Meeting Date and Time

Time of Adjournment: _____

Please Print

Please Sign
(Co-Chairperson)

Please Print

Please Sign
(Co-Chairperson)



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