

Joint Health and Safety Committee NOTICE BOARD SHEET

NAME	DEPARTMENT / LOCATION
WORKER CO-CHAIR:	
MANAGEMENT CO-CHAIR:	
SECRETARY:	
WORKER MEMBERS:	
MANAGEMENT MEMBERS:	

(* indicates a certified member)

MEETINGS ARE HELD: MONTHLY BI-MONTHLY QUARTERLY

LOCATION: _____

FOR MORE INFORMATION, CONTACT: _____

LOCATION: _____