

WORK SITE HEALTH & SAFETY COMMITTEE MEETING MINUTES					
<b>Company Name:</b>		<b>Meeting Date:</b>		<b>Meeting Time:</b>	
<b>Meeting location:</b>			<b>Type of meeting:</b> (ie Monthly, OHS requested, incident investigation, etc.)		

Meeting attendance:

<b>Circle type of Co-Chairperson:</b>	<b>Name</b>	<b>Area Representing</b>	<b>Signature</b>
Worker Employer			
Worker Employer			
<b>Circle type of member:</b>	<b>Name</b>	<b>Area Representing</b>	<b>Signature</b>
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			
Worker Employer			

---

No.	Completed Items From Previous Meeting	Completed By	Completion Date
1			
2			
3			
4			
5			
6			

**New items:**  
(ie. worker concerns, inspection items, OHS inspections, training/education, etc.)

No.	Area	Concern/Discussion	Recommendation	Assigned To	Target Date
1					
2					
3					
4					
5					
6					
7					
8					

**Other:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---



---



---

<b><i>Incident(s) Review</i></b>			
<b>Date</b>	<b>Type of incident</b>	<b>Details</b>	<b>Recommendations</b>

Other Items:

---



---



---



---



---

Adjournment time of the meeting: \_\_\_\_\_

Next meeting: \_\_\_\_\_

Chairperson sign off of meeting minutes:

<b>Circle type of Co-Chairperson:</b>	<b>Name</b>	<b>Area Representing</b>	<b>Signature</b>
Worker Employer			
Worker Employer			