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| *Insert your logo here*  JOINT HEALTH AND SAFETY COMMITTEE MEETING MINUTES |

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| EMPLOYER INFORMATION | | |
| Employer’s name (legal or trade name) For project sites, provide the name of the contractor responsible and consider the project site as the workplace. | | |
| WORKPLACE ADDRESS | | |
| Street number | Street | Town/City |

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| MEETING INFORMATION | | | | | | |
| Date | Start time | End time | Location | | | Previous meeting date |
| Co-chair’s name (employer rep) | | | | Co-chair’s name (employee rep) | | |
| Members present | | | | | | |
| Members absent | | | | | | |
| Guests | | | | | Recorder’s name | |

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| STANDING ITEMS / REPORTS (items discussed at every meeting) | |
| Topic | Discussion (If actions are identified, add to the New Business section.) |
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| BUSINESS CARRIED FORWARD (tasks/safety concerns that were not completed or resolved by the original target date) | | | | | | |
| Date reported to JHSC | Topic/concern | Dept/location | Target date | Recommendation | JHSC member responsible | Status |
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section is for new health and safety concerns that have not been reviewed by committee members.)

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| NEW BUSINESS (new health and safety concerns that have not been reviewed by committee members) | | | | | | |
| Date reported to JHSC | Topic/concern | Dept/location | Target date | Recommendation | JHSC member responsible | Status |
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| NEXT MEETING | | |
| Date | Time | Location |

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| SIGNATURES | | | |
| Co-chair signature (employer rep) | Phone number | Email address | Date |
| Co-chair signature (employee rep) | Phone number | Email address | Date |

For WorkSafeNB submission:

* **Email:** [jhsc-cmhs@ws-ts.nb.ca](mailto:jhsc-cmhs@ws-ts.nb.ca)
* **Fax**: Toll-free 1 888 629-4722
* **Mail**: WorkSafeNB, 1 Portland Street, PO Box 160, Saint John, NB, E2L 3X9