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| *Insert yourlogo here*JOINT HEALTH AND SAFETY COMMITTEEMEETING 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 reportedto JHSC | Topic/concern | Dept/location | Target date | Recommendation | JHSC member responsible | Status |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

 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
* **Fax**: Toll-free 1 888 629-4722
* **Mail**: WorkSafeNB, 1 Portland Street, PO Box 160, Saint John, NB, E2L 3X9