JOINT HEALTH AND SAFETY COMMITTEE MEETING MINUTES

EMPLOYER INFORMATION

Insert your logo here

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							
MEETING INFORMAT	TION											
Date	Start time	End time	Location		<u>.</u>	Previous meeting date						
Co-chair's name (emp	loyer rep)		Co-chair's name (employee rep)									
Members present												
Members absent												
Guests				Recorder's name								
STANDING ITEMS /	REPORTS (ite											
Topic	Discussion (If	scussion (If actions are identified, add to the New Business section.)										

Date reported to JHSC	Topic/concern	Dept/location	Target date	Recommendation		JHSC member responsible		Status		
NEW BUSINI	ESS (new health and	l safety concer	ns that have	not been reviewe	ed by committee me	embers)				
Date reported to JHSC	Topic/concern	Dept/location	Target date	Recommendation	,	JHSC member responsible		Status		
NEXT MEET:	ING									
Date Time			Location							
SIGNATURES										
Co-chair signature (employer rep)			Phone numl	ber	Email address		Date			
Co-chair signature (employee rep)			Phone number		Email address		Date			

BUSINESS CARRIED FORWARD (tasks/safety concerns that were not completed or resolved by the original target date)

 $\textbf{Committees must retain minutes for a minimum of } \underline{\textbf{three years}} \ \textbf{and have them available to WorkSafeNB on request.}$

For WorkSafeNB submission (on request only):

• Email: jhsc-cmhs@ws-ts.nb.ca

• Fax: Toll-free 1 888 629-4722