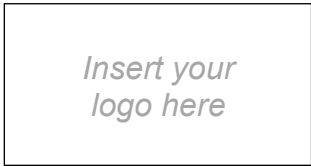


# JOINT HEALTH AND SAFETY COMMITTEE MEETING MINUTES



## 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	

## STANDING ITEMS / REPORTS (items discussed at every meeting)

Topic	Discussion (If actions are identified, add to the New Business section.)

**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

**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

**NEXT MEETING**

Date	Time	Location

**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