JOINT HEALTH AND SAFETY COMMITTEE

MEETING MINUTES

**Date:** **Time**: **Location:**

| **Member Name** | Work Location | P | Abs | Category | | Certified | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| W | M | Y | N |
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| **Guests** | | | | | | | |
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**1. Minutes of previous meeting**

*(Include a statement to indicate minutes of previous meeting have been read and acknowledged, and to record any corrections if required)*

**Statistics**

|  | **This period** | **This period last year** | **Year-to-date** |
| --- | --- | --- | --- |
| First aid |  |  |  |
| Near Misses |  |  |  |
| Medical aid |  |  |  |
| Time-lost injuries |  |  |  |
| Days lost due to injury |  |  |  |
| Threats of violence |  |  |  |
| Risk assessments conducted |  |  |  |
| Site Inspection conducted |  |  |  |
| OHS program reviews |  |  |  |
| Education programs delivered |  |  |  |
| Recommendations made to employer |  |  |  |

**2. Reports**

| First aid |  |
| --- | --- |
| Incidents |  |
| Inspections |  |
| Other OHS reports |  |
| Training and education |  |

**3. Old business**

| **Item#** | **Item / Action** | **Who** | **Target date** |
| --- | --- | --- | --- |
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**4. New business**

| **Item#** | **Item / Action** | **Who** | **Target date** |
| --- | --- | --- | --- |
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**5. Next meeting:**

*Date: Time: Location:*