



# Minutes

## Occupational Health Committee

Complete all information on top: Type or handwrite

Name of firm \_\_\_\_\_

Mailing address & Postal Code \_\_\_\_\_

Worksite address \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Total # of workers in workplace \_\_\_\_\_

Meeting date \_\_\_\_\_

Date of next meeting \_\_\_\_\_

Employer Co-chairperson \_\_\_\_\_

Worker Co-chairperson \_\_\_\_\_

Management members	Occupation	Present	Absent		Worker members	Occupation	Present	Absent

Item Date & No.	Problem or Concern Give full explanation and details Divide old/new concerns	Action Taken or Proposed name person responsible	Target Date

--	--	--	--

Other Business (including requests to Occupational Health and Safety)

**Distribute copies as follows:**  
 Copy 1 - Permanent Committee Files  
 Copy 2 – Employer Copy  
 Copy 3 – Post on Committee Board  
 for workers' information

In my opinion the above is an accurate record of this meeting

\_\_\_\_\_  
 Employer Co-chairperson

\_\_\_\_\_  
 Worker Co-chairperson

Page \_\_\_\_ of \_\_\_\_