**Workplace Safety & Health Committee**

**<Insert Committee Name>**

**<Insert Meeting Date>**

**<Insert Meeting Start and End Time>**

**<Insert Meeting Location>**

**MINUTES**

**Committee Members:**

**Management Members: Alternates:**

**Co-Chair** Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

**Employee Members: Alternates:**

**Co-Chair** Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

Member Name, Member Title, Department  Alternate Name, Member Title, Department

**Guests (Guest attendance approved by Co-Chairs):**

Guest Name, Title, Department <Insert reason for attending>

Guest Name, Title, Department <Insert reason for attending>

Guest Name, Title, Department <Insert reason for attending>

1. **CALL TO ORDER: <Insert time>**
2. **WELCOME AND INTRODUCTIONS <insert name of Co-Chair chairing meeting>**
3. **REVIEW AND ACCEPTANCE OF AGENDA**

Accepted

Amended – if amended, list items below

* <list item and person responsible>
* <list item and person responsible>

1. **APPROVAL OF MINUTES FROM LAST MEETING <include date of minutes>**

Accepted

Amended – if amended, list items below

* <list item and person responsible>
* <list item and person responsible>

1. **REVIEW ACTION ITEMS FROM PREVIOUS MINUTES <insert date of minutes>**
   1. **<list action item and date of origin>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Update:*** | * <insert brief bullet points> | | |
| ***Further Action Required:*** | Yes  No (item is closed and no further action required) | | |
| ***Action:*** |  | | |
| ***Person Responsible:*** |  | ***Target Deadline:*** |  |

* 1. **<list action item and date of origin>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Update:*** | * <insert brief bullet points> | | |
| ***Further Action Required:*** | Yes  No (item is closed and no further action required) | | |
| ***Action:*** |  | | |
| ***Person Responsible:*** |  | ***Target Deadline:*** |  |

* 1. **<list action item and date of origin>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Update:*** | * <insert brief bullet points> | | |
| ***Further Action Required:*** | Yes  No (item is closed and no further action required) | | |
| ***Action:*** |  | | |
| ***Person Responsible:*** |  | ***Target Deadline:*** |  |

* 1. **<list action item and date of origin>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Update:*** | * <insert brief bullet points> | | |
| ***Further Action Required:*** | Yes  No (item is closed and no further action required) | | |
| ***Action:*** |  | | |
| ***Person Responsible:*** |  | ***Target Deadline:*** |  |

1. **SAFETY AND HEALTH SERVICES UPDATE (provided by SHS Team)**

**Attached.**

1. **NEW BUSINESS**
2. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **<Insert New Business Item>**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Origin Name:*** |  | ***Date of Origin:*** |  |
| ***Issue:*** |  | | |
| ***Action:*** |  | | |
| ***Assigned to:*** |  | ***Target Date:*** |  |

1. **REQUEST FOR REPSONSE FROM EMPLOYER (ie. Chair, Dean, Director, Executive Director, VP, WSH Advisory Committee).**

This is activated when the committee can no longer manage an issue. **It is the responsibility of the Management Co-Chair to escalate the issue(s) and recommendation(s) forward to the employer.** **The employer has 30 days to respond in writing back to the Committee.**

|  |  |
| --- | --- |
| **Date Sent to Employer:** | **Items requiring response from Employer:** |
| <insert date> | <insert item numbers that require response from employer> |

1. **MEETING ADJOURNED: <Insert time>**
2. **NEXT MEETING: <Insert meeting date>**

**These Minutes require Management and Employee Co-Chair Signature:**

Approval must be agreed by both parties. If approval cannot be reached with the minute record, please attach concerns on a separate page and forward to the Director, Safety & Health Services, Jodi Pluchinski – jpluchinski@rrc.ca

**Management Co-Chair Signature: Employee Co-Chair Signature:**

<insert name> Date <insert name> Date

**Copy of minutes to be sent to the following within 7 business days of meeting:**

WSH Committee Members

Posted on designated WSH Committee bulletin board

Dean or Director

Safety & Health Services – [safety@rrc.ca](mailto:safety@rrc.ca)

Safety and Health Services will forward the meeting minutes to the Workplace Safety and Health Branch and post the minutes to the Sharepoint site.