# Meeting agenda

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| Date:  Time:  Location: |
| Roll call:  Adoption of minutes of last meeting: |
| **Reports**  First aid statistics / summary  Incidents  Inspections  Education and training |
| **Old business**  Review and updates on outstanding business from previous meeting(s) |
| **New business** |
| Adjourn |

# Meeting minutes — DATE

**Joint Health and Safety Committee Meeting**

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| Meeting date: |  | Committee members: present *include name + indicate worker or employer rep* | Last committee evaluation: |  |
| Previous meeting: |  |  | Next committee evaluation: |  |
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| Next meeting: |  |  | Days without time-loss injury: |  |
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|  | **Risk assessments conducted** | **Site inspections conducted** | **OHS program reviews** | **Site-wide education programs delivered** | **Recommendations made to employer** |
| This period |  |  |  |  |  |
| Year-to-date |  |  |  |  |  |

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| **Reports** |  |  | | |
|  | First aid | * Incidents requiring first aid to be rendered | | |
|  | Incidents | * Incidents requiring investigation (resulting in worker injury or near misses) * Optional: property damage incidents, environmental impact incidents, threats of violence | | |
|  | Inspections | * Equipment * Facilities * Work practices * Required by Regulations * Spot inspections | | |
|  | Unsafe Conditions | * Hazard Reports | | |
|  | Training and education | * New and young worker training * Equipment and work procedures training * WHMIS * First aid | | |
|  | **Item #** |  | **Who** | **Target date** |
| Old business | *Number of items for ease of reference* | * If item is incomplete, provide status update |  |  |
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| New business |  |  |  |  |
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|  | | | **Injuries** | | | |  |
|  | **Incidents** | **Near misses** | **First aid only** | **Medical aid only** | **Number of time-loss injuries** | **Days lost due to injury** | **Threats of violence** |
| This period |  |  |  |  |  |  |  |
| This period last year |  |  |  |  |  |  |  |
| Year-to-date |  |  |  |  |  |  |  |