# Meeting agenda

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| Date:Time:Location: |
| Roll call:Adoption of minutes of last meeting: |
| **Reports**First aid statistics / summaryIncidentsInspectionsEducation 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 |  |  |  |  |  |  |  |