

COMMITTEE MINUTE FORM

PAGE ___ OF ___

See instructions
 Complete all sections - type or print clearly
 Phone (204) 945-3446
 FAX (204) 948-2209



CP.13B

Complete Name and Address of Workplace Phone: Fax: Which Committee (if more than one): Meeting date: Date of next meeting: Number of employees at the workplace:	Employer Members (list all)	Occupation	Present	Absent
	Worker Members (list all)			
	Guests (list any)			

Date of Origin	Concern or Problem <small>(See reverse for completion instructions)</small>	Recommendation or Action To Be Taken	Action By <small>(who & when)</small>

Other Business:

Co-Chairpersons' Signatures. Please indicate by (X) in the brackets below who chaired this meeting.

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

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

() Print name of Employer Co-Chair _____ () Print Name of Worker Co-Chair _____

Signature _____ Signature _____

Within 7 days, copy to: ● Committee members; ● Committee files; ● Workplace Safety and Health; ● Post on S&H Bulletin Board



COMMITTEE MINUTE FORM

PAGE ___ OF ___

See instructions

Complete all sections - type or print clearly

Phone (204) 945-3446

FAX (204) 948-2209

Date of Origin	Concern or Problem <small>(See reverse for completion instructions)</small>	Recommendation or Action To Be Taken	Action By <small>(who & when)</small>

Other Business:



SAFETY AND HEALTH COMMITTEE MINUTES

Manitoba
Labour and
Immigration
Workplace Safety
and Health Division



200-401 York Avenue
Winnipeg, Manitoba R3C 0P8
Home page: <http://www.gov.mb.ca/labour/safety> Click on Committee Minutes to enter your minutes interactively.
Phone: 1-800-282-8069 ext. 3446
FAX: (204) 945-4556
FAX for Committee Minutes: (204) 948-2209

Your committee must meet four or more times per year. Minutes of each meeting of the safety and health committee at your workplace must be faxed, mailed, e-mailed to cominutes@gov.mb.ca, or if you use the interactive form, once you have entered all the information, press "Send Committee Minutes" and they will be sent automatically to the Workplace Safety and Health Division. You can use the Workplace Safety and Health Committee Minute Form or set up your own format containing all the information in our form.

The minute form is intended for your use to record briefly and clearly the safety and health concerns at your workplace and steps taken by the committee or others to resolve them. They are designed to provide everyone at your workplace and the Workplace Safety and Health Division with information on your committee's activities and progress to date.

If you are unable to resolve an issue yourselves, phone or write your Safety and Health Officer for assistance in finding a solution. If you would like assistance with making your committee more effective, call the Safety and Health Committee Coordinator at 945-5718 or 1-800-282-8069 extension 5718.

Instructions For Completion Of Minute Forms

❶ You must complete all information in top boxes:

Full Name & Full Address of Workplace - must include Department & Branch, where applicable.

Which Committee - needs to be completed only if you have more than one committee at the same address.

Number of Employees at the Workplace - the number at the workplace, not the number on the committee.

❷ In the first column "**Origin**" indicate the date an issue is first raised at a safety and health committee meeting. Continue to note this date in future minutes until the committee agrees the issue is resolved.

❸ In the second column "**Concern or Problem**" list the details of items discussed. Draw a line across the page to separate each issue.

❹ In the third column "**Recommendation or Action Taken**" indicate what has been done or the steps being taken or the committee's recommendation as to what should be done to resolve the issue.

❺ In the last column "**Action By**" fill in who will be responsible for carrying out each interim step or action and the date it will be completed or, if the issue is resolved, fill in the date it was resolved.

❻ In the bottom section "**Other Business**" record any points not covered such as upcoming elections or date of next meeting.

❼ **Both** management and worker co-chairs must sign each page of the minutes when they are satisfied that the record is complete and accurate. Please indicate by an (X) in the brackets who chaired that particular meeting.

❽ Distribution of copies must be done within one week following the committee meeting:

- Distribute copies to committee members, alternates, and relevant managers.
- Keep one copy for permanent committee files.
- Send one copy to Workplace Safety and Health Division - by mail to the address above, fax minutes to (204) 948-2209, e-mail to the above address **or** electronically.
- Post one copy on the safety and health committee bulletin board(s).

Revised March 27, 2001

W:\Labwsh\AdminForms\CommMinFormRevMar01

