COMMITTEE MINUTE FORM

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

Manitoba Labour and Immigration Workplace Safety and Health Division **CP.13B**

Phone: Fax: Worker Members (list all) Worker Members (list all) Meeting date: Date of next meeting: Number of employees at the workplace: Date of Origin Concern or Problem (See reverse for completion instructions) Recommendation or Action To Be Taken (who & when)
Fax: Which Committee (if more than one): Meeting date: Date of next meeting: Number of employees at the workplace: Guests (list any) Guests (list any) Recommendation or Action To Be Taken Action By
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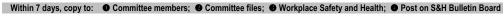
Co-Chairpersons' Signatures	Please indicate by (X) in the brackets below who chaired this meeting.

 $\textbf{BOTH} \ \text{management and worker co-chairs} \ \underline{\text{must sign}} \ \underline{\text{each page}} \ \text{of the minutes when they agree that the minutes are complete and accurate}.$

If one, or both co-chairs $\underline{\text{do not agree}}$ with the minute record, please attach concerns on a separate page.

Other Business:

Signature	Signature
() Print name of Employer Co-Chair	() Print Name of Worker Co-Chair
In my opinion, the above is an accurate record of this meeting.	







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PAGE ___ OF ___

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

Other Business:









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

1 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.

- 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.
- In the second column "Concern or Problem" list the details of items discussed. Draw a line across the page to separate each issue.
- 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.
- 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.
- In the bottom section "Other Business" record any points not covered such as upcoming elections or date of next meeting.
- 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.
- O Distribution of copies must be done within one week following the committee meeting:
 - a) Distribute copies to committee members, alternates, and relevant managers.
 - b) Keep one copy for permanent committee files.
 - c) 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.
 - d) Post one copy on the safety and health committee bulletin board(s).



