

**SAMPLE COMMITTEE MINUTE FORM**

See instructions on back of form

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 (see reverse for completion instructions)	Recommendation or Action to be taken	Action By (who & when)

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 \_\_\_\_\_

Get a copy of this minute form by searching "Committee Minute Form" at [safemanitoba.com](http://safemanitoba.com). Fill in your meeting information as outlined below (Instructions for Completion of Minute Forms) and print the form.

Your committee must meet four or more times per year. You can use this sample Workplace Safety and Health Committee Minute Form or set up your own format containing all the information in this 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 with information on your committee's activities and progress to date.

If you are unable to resolve an issue yourselves, call the Workplace Safety and Health Branch for assistance at 204 957-SAFE (7233) or toll-free in Canada at 1 855 957-SAFE(7233).

## 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.
- ❸ 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 at the workplace for a period of at least 10 years from the date of the meeting.
  - c) Post one copy on the safety and health committee bulletin board(s).

**SETTING AGENDAS:** It is recommended that the co-chairs get together to set the agenda for each meeting. This must be posted on the safety and health committee bulletin board **prior** to each meeting and distributed to committee members **at least 3 clear days** ahead of the meeting. Following is a generic agenda outline that could be used in creating your own agendas.

- ❶ **Review minutes of last meeting.** You will need to determine if all issues have been resolved or if actions have been taken as indicated and next steps agreed to and noted.
- ❷ **Review issues resolved by individual committee members or supervisors.**
- ❸ **Review illness, injuries and accidents since last meeting.** This could also include a brief review of working procedures, rules and policies related to the illness, injuries or accidents and recommendations for changes to same.
- ❹ **Consider new concerns or problems.** These may arise out of inspection tours, surveys, investigations by committee or concerns brought to the committee's attention by employees or management.
- ❺ **Review of educational material and availability of safety and health training programs.**