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| **Occupational Health & Safety Committee Meeting**  ***Date***  ***Time***  ***Location*** | | |
| **Attendance – To be update and accurate for each meeting**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Membership Representation = CUPE, PEINU, IUOE, UPSE, Management/Excluded**  **Attendance = P= Present R = Regrets T= Teams/Teleconference** | | | | | | | | **Name** | **Membership Representation** | **Position** | **Location/Program** | **Attendance** | **Alternate Member** | **Attendance** | | Jane Smith | Excluded - **Chair** | Clinic Manager | Maplewood Manor | P | Bob Simmons (Excluded) | R | | John White | CUPE – **Co Chair** | Mental Health Manager | Public Health West | T | Paul Simpson (CUPE) | R | | Jane MacDonald | PEINU - **Secretary** | RN | Western Hospital | R | Amy Johnson (PEINU) | P | | Mary Anderson | IUOE | Diagnostic Services | Western Hospital | R | Julie Anderson (IUOE) | P | | Jill MacDougall | UPSE | Home Care | Western Hospital | R | Matt Patterson (UPSE) | P | |  |  |  |  |  | Wanda Collings (UPSE) | R | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Resource (Ad Hock) = OHS MSIP EHN VP IPAC** | | | | | | | | Kim McKenna | NA | Recourse | OHS | T |  |  | | Name | NA | Recourse | VP | R |  |  | | Name | NA | Recourse | MSIP | R |  |  | | Name | NA | Recourse | EHN | R |  |  | | Name | NA | Recourse | IPAC | R |  |  | | | |
| **Agenda Item** | **Discussion / Decision** | **Responsible for Action** |
| **Recorder:** |  |  |
| 1. **Welcome** |  |  |
| 1. **Approval/Additions to Agenda** | *(E.g. Agenda approved as circulated. )* |  |
| 1. **Review and Approval of Previous Minutes** | * A * B * C * D | Action to be completed – Name of individual responsible |
| 1. **Review of Previous Action Items** | * Action Item – Status * Next item * Etc…. | Same as above |
| 1. **Safety Related Education and Training** | * Safety Talk * Training Topic, date, time, location etc. |  |
| 1. **Review of Workplace Inspections** |  |  |
| 1. **Review of Employee Events** (No employee names, brief description only) |  |  |
| 1. **Recourses OHS MSIP ENH VP IPAC** |  |  |
| 1. **OHS Newsletter Review** |  |  |
| 1. **New Business Items** |  |  |
| 1. **Next Meeting Date** |  |  |