## **COMMITTEE MINUTE FORM**

See reverse for completion instructions Complete all sections - type or print clearly Phone (204) 945-3446 FAX (204) 948-2209 or email: cominutes@gov.mb.ca





Complete Name and Address of Workplace Southern Health-Santé Sud	Employer Members (list all) (Employer Co-Chair)	Occupation	Present	Absent
Phone:				
Fax:				
Which Committee	Worker Members (list all)			
Meeting date/Time/location:	(Employee Co-Chair)			
Date of next meeting:				
Number of employees at the workplace:				
	Guests (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)	Status
	1. Call to Order	The meeting was called to order @		
	2. Additions/Approval of agenda			
	3. Approval of previous minutes	Minutes of the previous meeting were reviewed and accepted as circulated.		
	4. Old Business			On Going
				On Hold
				□ Resolved
	5. New Business			
				On Going
				On Hold
				□ Resolved
	5.2 Issues/Concerns/Problems			On Going
	arising			On Hold
				□ Resolved
	5.3 Site Inspection			
				On Going
				On Hold
				□ Resolved
	6. Round Table			
	7. Date and Time Of Next Meeting(s)/Chair			
	8. Adjournment			

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

## **COMMITTEE MINUTE FORM**

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
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