



**Saskatchewan Labour**  
Occupational Health  
and Safety

# Minutes

## Occupational Health Committee

**Complete all information on top: Type or print firmly**

Name of firm	_____	<b>OHC#</b>	_____
Mailing address & Postal Code	_____	Phone:	_____
Worksite address	_____	Meeting date	_____
	Phone:	Date of next meeting (min. 3 months)	_____
	Fax:		_____

Employer Co-chairperson	_____	Worker Co-chairperson	_____
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Management members	Occupation	Present	Absent		Worker members	Occupation	Present	Absent

Item Date & No.	Problem or Concern Give full explanation and details Divide old/new concerns	Action Taken or Proposed name person responsible	Target Date

Other Business (including requests to Occupational Health and Safety)

<b>Distribute copies as follows:</b> Copy 1 - Permanent Committee Files Copy 2 - Mail to Occupational Health and Safety Copy 3 - Post on Committee board for information of workers Copy 4 - Employer Copy	In my opinion the above is an accurate record of this meeting
	Employer Co-chairperson _____ Worker Co -chairperson _____
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