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**Occupational Health & Safety
Minutes Report Form**

Date of Meeting (Y/M/D) 2023 / 09 / 21 WorkplaceNL Firm Number 2032375 Site Number N/A

PART I – Employer

Employer (head office information)	Employer Representative(s)	Certification Training #	Present (Y/N)
Company name: <u>York Developments Inc</u> Mailing address: <u>8-145 Aberdeen Avenue</u> St. John's NL A1A 5P6 <small>CITY PROVINCE POSTAL CODE</small> Worksite street address: <u>145 Aberdeen Avenue</u> Total number of employees on site: _____ Date of next meeting (Y/M/D): <u>2023 / 12 / 07</u> Seasonal shut down start date (Y/M/D): <u>N/A / N/A / N/A</u> Seasonal shut down end date (Y/M/D): <u>N/A / N/A / N/A</u> OH&S minutes contact name: <u>Yvonne O'Brien</u> Telephone: <u>709-722-5653</u> Email: <u>yvonne@yorkbuilt.ca</u>	Co-chair: <u>George English</u> assigned: <input checked="" type="checkbox"/> acting: <input type="checkbox"/> Members: _____ _____ _____	<u>Geo8323177</u>	<u>Y</u>
	Worker Representative(s)	Certification Training #	Present (Y/N)
	Co-chair: <u>John Doyle</u> assigned: <input checked="" type="checkbox"/> acting: <input type="checkbox"/> Members: _____ _____ _____	<u>Joh8426661</u>	<u>Y</u>
Failure to complete this form in its entirety may delay minutes from being accepted and processed. Please ensure three copies are made; one to post in the workplace, one for the OH&S committee's files, and one to send to WorkplaceNL.		Guest(s) <u>Yvonne OBrien</u> _____ _____	

Part II – OH&S Activity

Since last meeting indicate the following:	From this meeting indicate the following:
No. of workplace inspections conducted <u>8</u>	No. of safety hazards identified <u>26</u>
No. of workplace complaints/concerns received <u>0</u>	No. of health hazards identified <u>0</u>
No. of incident reports reviewed <u>0</u>	No. of outstanding items from last meeting <u>1</u>
No. of right to refuse work situations <u>0</u>	
Summary of Meeting on reverse <input type="radio"/> or Attached Document <input checked="" type="radio"/>	

Both employer and worker co-chairs **MUST SIGN AND DATE** the minutes when they agree that the minutes are complete and accurate.

Employer Co-chair Signature:
 Date: 21-Sep-2023

Worker Co-chair Signature:
 Date: 21-Sep-2023

PART III – Summary of Meeting

Item Date	Item	Recommendation	Action By (who & when)
21-Sep-23	(1) Review Previous Meeting Minutes	(1) No open actions from previous meeting	N/A
21-Sep-23	(2) Old Business	(2) Review of old business. No open actions/approvals pending.	N/A
21-Sep-23	(3) Workplace Inspections	<p>(3) Reviewed a total of 8 inspection; 4 for York Office/Warehouse & 4 from York sites (4 Ferns; 63 Pepperwood; 66 Middle Ledge; 65 Pepperwood)</p> <p>York Office/Warehouse: Identified that fall arrest equipment needs to be inspected prior to any use. Noted that York purchased new fall arrest equipment .</p> <p>York Sites: General theme of general housekeeping activities required on active sites. This is part of York's daily work activities.</p>	N/A
21-Sep-23	(4) Accident & Incident Report Review	(4) N/A	N/A
21-Sep-23	(5) Reviewed 26 hazard reports	<p>(5) Majority of reports identified general housekeeping around sites. Other noted hazards related to potential slips, trips, falls, with some equipment damage. York employee took appropriate action in each case to remove/mitigate the hazard.</p> <p>These hazards were identified as part of Yorks general duties of site review, preparation and cleanup before, during and after work activities.</p>	N/A
21-Sep-23	(6) No completed hazard assessments	(6) Yorks Comprehensive Hazard Assessment 2023 is reviewed with employees during each monthly meeting, however these have not been recorded as a separate tool box talk. Suggested this be recorded going forward.	N/A
21-Sep-23	(7) No refuse to work situations	(7) N/A	N/A
21-Sep-23	(8) OHS/Policy review.	(8) The following were reviewed by the OHSC and with all York employees since last OH&S meeting: 001 - Back Injury Prevention & Team Lifting; 003 - Use of Fire Extinguishers; 007 - Office Safety; 008 - Power Line Hazards; 009 – Housekeeping; 029 - Work Alone Procedure; 002 - Electrical Safety; Respiratory Protection Plan w/applicable workers; 010 - WHMIS - Chemical Use, Handling, & Storage; 011 - Cleaning Solvents & Flammable Materials; 012 - Chemical Spills; Violence Risk Assessment; 004 - Hand Tools, Power Tools & Defective Tools; 013 - Manual Handling; 015 - Equipment Mounting & Dismounting; Serious Injuries & Injury Reporting System; 005 - Portable Ladder Use; 014 - Cold Weather Safety; 016 - Hot Weather Safety; 017 - Using Sharp Utensils; 018 - Working in Public Areas; Schedule exists for remainder of year review as well.	
21-Sep-23	9) New Business	(9) Committee Terms of Reference Updated to reflect changes to OH&S committee. Reviewed and signed.	N/A
		(9) Reviewed CORR External Audit Report. York scored 96%. Open actions are complete and will be sent to NLSCA.	N/A