

Joint Health and Safety Committee MEETING MINUTES RECORDING FORM

Minutes of Meeting

Date: _____ Time: _____ Place: _____

| Members: (*indicates a certified member) | Present | Absent |
|--|---------|--------|
| Worker Co-Chair: | | |
| Management Co-Chair: | | |
| Secretary: | | |

Worker Members Present:

Worker Members Absent:

Management Members Present:

Management Members Absent:

Guests:

| Agenda Item No. | Discussion | Action By |
|-----------------|------------|-----------|
| | | |

MINUTES CONTINUED ON NEXT PAGE

MINUTES OF MEETING (CONT'D)

| Agenda Item No. | Discussion | Action By |
|-----------------|--|-----------|
| | <p><input type="checkbox"/> MINUTES CONTINUED ON NEXT PAGE</p> | |

Next Meeting Date:

Time:

Place:

Signed

Worker Co-Chair

Management Co-Chair