

# JOINT HEALTH AND SAFETY COMMITTEE NOTICE BOARD SHEET FORM

	NAME	DEPARTMENT/LOCATION
WORKER CO-CHAIR:	_____	_____
MANAGEMENT CO-CHAIR:	_____	_____
SECRETARY:	_____	_____
WORKER MEMBERS:	_____	_____
	_____	_____
	_____	_____
MANAGEMENT MEMBERS:	_____	_____
	_____	_____

(\* indicates a certified member)

MEETINGS ARE HELD:      MONTHLY      BI-MONTHLY      QUARTERLY

LOCATION: \_\_\_\_\_

FOR MORE INFORMATION, CONTACT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

© Workplace Safety & Prevention Services 2011. Workplace Safety & Prevention Services (WSPS) grants permission to approved end users to reproduce this document in whole or in part, provided its intended use is for non-commercial, educational purposes and that full acknowledgement is given to the WSPS. Approved end users are firms registered with the Workplace Safety and Insurance Board. WSPS reserves the right to extend this permission to other stakeholders and interested parties by express written permission upon application. WSPS extends no warranty to materials amended or altered by the end user. Under no circumstances is this document, or any portion thereof, to be duplicated for purposes of sale or for external reproduction or distribution.

Revised: March 2011