**Workplace Safety & Health Committee Minute Form Instructions**

**(Note: form located on following pages)**

The minute form is intended for your use to record (briefly and clearly) all safety and health concerns or problems at your workplace and the steps taken by the committee or others to resolve them. The minute form is designed to provide everyone at your workplace and the Workplace Safety and Health Division with information on your committee's activities and progress to date.

1. Begin by filling out all of the information requested on the top of the form’s first page. Please note the following specific points:

* **‘Complete Name & Address of Workplace’ form field** – You must provide the workplace’s full name & address plus the Department & Branch name (where applicable).
* **‘Which Committee’ form field** – This only needs to be completed if you have more than one Committee at the same workplace address.
* **‘Number of Employees at the Workplace’ form field** – Identify the total number of employees (not the number of Committee members).

1. In the first column (**‘Item Number’**), identify each individual Concern or Problem by assigning it an Item Number (this is useful for referencing specific concerns or problems during future correspondence).
2. In the second column (**‘Date of Origin’**), list the date that each issue was originally raised at a safety and health committee meeting. Continue to note this date in future minutes until the committee agrees the issue has been resolved.
3. In the third column (**‘Concern or Problem’**), list the specific items discussed and details of each. Draw a horizontal line across the page between each separate concern or problem to separate them (for clarity).
4. In the fourth column (**‘Recommendation or Action Taken’**), list what has been done (or the steps currently being taken) or the committee's recommended resolution(s).
5. In the fifth and sixth columns (**‘Action’**), identify the individual who has been given the responsibility for carrying out each interim step or action and the date it will be completed. When an action item has been resolved, state that it has been resolved and provide the resolution date in this column.
6. Use the space provided near the bottom of the form’s first page to record any other business (i.e. any points not covered, like upcoming elections).
7. Both management and worker co-chairs must sign each page of the Minutes once they are satisfied that the record is complete and accurate.
   * Mark an ‘X’ in the brackets next to the Co-Chair who chaired that particular meeting (bottom of Page 1).
   * Note: If you e-mail your minutes to Manitoba Labour & Immigration then you are only required to provide the names of the two Co-Chairs.
8. **The minutes must be completed (distributed, filed & posted) within seven (7) days following the Committee meeting,** as described below:
9. Distribute copies to all Committee members, alternates, and relevant managers.
10. Store one copy at the workplace for a period of at least ten (10) years from the meeting date.
11. Post one copy on your Safety and Health Committee bulletin board (one per board if multiple boards).
12. Send one copy to the Workplace Safety and Health Division:
    * **mail** to: 200-401 York Avenue Winnipeg MB R3C 0P8, or
    * **fax** to: (204)948-2209, or
    * **e-mail** to: [cominutes@gov.mb.ca](mailto:cominutes@gov.mb.ca)

If you would like assistance with improving your committee’s effectiveness, please call 1 Life Workplace Safety & Health at (204) 231-5433 or toll free at 1-866-223-7374.

If you are unable to resolve an issue, phone or write your Safety and Health Officer from the Workplace Safety & Health Division for assistance in finding a solution.

**Setting Agendas:**

Your committee must meet four or more times per year.

It is recommended that the co-chairs mutually set the agenda for each meeting. The agenda must be distributed to committee members **at least 3 clear days** ahead of each meeting and be posted on the safety and health committee bulletin at any time **prior** to each meeting.

Following is a generic agenda outline that could be used to get you started with creating your own agendas:

1. **Review minutes from last meeting**
   1. identify all items that have been resolved since the last meeting
   2. identify all items that still require resolution (and what actions have been taken to date and steps recommended for reaching a resolution)
2. **Review illness, injuries and accidents since last meeting.** Discuss procedures, rules and policies related to the illness, injuries or accidents and recommendations for changes to same.
3. **Consider new concerns or problems** that have been brought to the committee's attention (by employees or management, or those identified during workplace inspections, surveys, committee investigations, etc).
4. **Review availability of safety and health training programs, educational or resource materials, etc**.

**(Instructions Located at Beginning of this Document)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Workplace Name:** |  | **Employer Members (List All)** | **Occupation** | **Present** | **Absent** |
| **Workplace Address (Street):** |  |
| **Workplace Address (City, Postal Code):** |  |
| **Phone:** |  |
| **Fax:** |  | **Worker Members (List All)** |  |  |  |
| **Which Committee (if more than one):** |  |
| **Meeting Date (DD / Month / YYYY):** |  |
| **Number of Employees at the Workplace:** |  |
| **Date of Next Meeting (DD / Month / YYYY):** |  | **Guests (List All, if Any)** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item**  **No.** | **Date of Origin**  **(DD / Month / YYYY)** | **Concern or Problem** | **Recommendation or Action Taken** | **Action** | |
| **Who?**  **(First & Last Name)** | **When?**  **(DD / Month / YYYY)** |
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Other Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Chairpersons’ Signatures:**  *Note: Please place an ‘****X****’ within the brackets, below, to identify who chaired this meeting, i.e. ‘****(X)****’*

**In my opinion, the enclosed is an accurate record of this meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **( )** Print Name of Employer Co-Chair: |  | **( )** Print Name of Employee Co-Chair: |  |
| Signature: |  | Signature: |  |

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, attach concerns on a separate page.

**(Instructions Located at Beginning of this Document)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item**  **No.** | **Date of Origin**  **(DD / Month / YYYY)** | **Concern or Problem** | **Recommendation or Action Taken** | **Action** | |
| **Who?**  **(First & Last Name)** | **When?**  **(DD / Month / YYYY)** |
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**Co-Chairpersons’ Signatures:**  *Note: Please place an ‘****X****’ within the brackets, below, to identify who chaired this meeting, i.e. ‘****(X)****’*

**In my opinion, the enclosed is an accurate record of this meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **( )** Print Name of Employer Co-Chair: |  | **( )** Print Name of Employee Co-Chair: |  |
| Signature: |  | Signature: |  |