# Joint Occupational Health & Safety Committee Meeting Minutes

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| **Name of Committee:**  |  | **Worker Co-Chair:** |  |
| **Employer Co-Chair:** |  |

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| **Date:**  |  | **Time:** |  |
| **Location:** |  |

**AGENDA:**

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| 1. Roll Call
2. Determination of Quorum
3. Approval of Previous Joint Occupational Health and Safety Committee (JOHSC) Meeting Minutes
4. Additional Agenda Items, Review Actionable Items from Local Safety Team (LST) Minutes & Approval of Agenda
5. Review Centralized Accident/Incident Reporting System (CAIRS) report of Accidents/Incidents
* Monthly Incident List & Statistical Summary Report
 | 1. Review Workplace Safety Inspections (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)
2. Review Education and Training
3. Ongoing Business – Status of Action Items
4. JOHSC Formal Recommendation Letters & Regulatory Inspections
5. New and Other Business
6. Next Meeting
7. Meeting Adjournment
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| 1. **ROLL CALL**
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| **Worker Representatives** | **Association/Union** | **Work Location** | **Present** | **Regrets** | **Absent** |
|  |  |  | [ ]  | [ ]  | [ ]  |
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| **Employer Representatives** | **Work Location** | **Present** | **Regrets** | **Absent** |
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| **Resources/Guests** | **Work Location** | **Present** | **Regrets** | **Absent** |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |

| 1. **DETERMINATION OF QUORUM**
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| 1. A minimum of 4 members;
2. Worker representatives (faculty and staff workers who do not exercise managerial functions) and employer representatives (management workers who exercise managerial functions);
3. At least half of the members must be worker representatives;
 |
| Is there quorum for this meeting*\* If quorum is not met, the meeting does not qualify as a monthly meeting. The monthly meeting will need to be rescheduled within the same month.* | Yes[ ]  | No[ ]  |

| 1. **APPROVAL OF PREVIOUS JOHSC MEETING MINUTES**
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| *(Statement to indicate minutes of previous meeting have been read & acknowledged and to record any corrections to it)* |
| * Move to adopt minutes.
 | Moved by: |  | Seconded by: |  |
| * List amendments to minutes
 |
| Are the minutes approved? | Yes[ ]  | No[ ]  |

| 1. **ADDITIONAL AGENDA ITEMS & APPROVAL OF AGENDA**
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| **4 A. REVIEW ACTIONABLE ITEMS FROM LST MINUTES (if applicable)** |
| *Place actionable items under Accident/Incident Investigation, Safety Inspections, Correspondence, New Business etc. as applicable and assign proper item # for further discussion/action.*[ ]  No actionable items noted |
| Is the agenda approved? | Yes[ ]  | No[ ]  |

| 1. **REVIEW CAIRS REPORT OF ACCIDENTS/INCIDENTS:**
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| See attached incident report:* Monthly Incident List & Statistical Summary Report *(For any general CAIRS information that requires discussion or action, please record under “New Business” e.g. make note of trends etc. Any incident specific items and follow up requests are to be listed below)*
 |
| (*\* See Legend at end for Priority and Status Codes)* |
| **Item #**(Use CAIRS Incident ID # and Incident Date) | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g.#-Date* |  | *Enter any information relevant to the incident, actions to be taken, etc.* |  |  |  |
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| 1. **REVIEW OF WORKPLACE SAFETY INSPECTIONS (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)**
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| *Distribute inspection checklist(s) and report(s) for meeting and use this table to record discussion and new recommendation(s)*[ ]  No actionable items noted |
| **Item #**(Use Inspection #) | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g.#-Date* |  | *Enter any information relevant to inspection, actions to be taken, etc.* |  |  |  |
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*\* GI- General Inspection*

| 1. **REVIEW EDUCATION AND TRAINING**
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| (General discussion, confirm all training is up-to -date, etc. For all actionable items please list below)[ ]  No actionable items noted |
| **Item #**(ED-yy/mm/dd-#) | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g. ED–Date-#* |  | *New member training, etc.* |  |  |  |
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*\* ED – Education and Training*

| 1. **ONGOING BUSINESS – Status of Action Items**
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| (General discussion, review all ongoing business from previous minutes, etc. For all actionable items please list below)[ ]  No actionable items noted |
| **Original Item #** | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g. Date-#* |  | *Add any additional relevant information pertaining to the status of this item – keep most recent information on top. If long list of details, older less pertinent information can be removed as will have already been recorded in previous minutes* |  |  |  |
|  |  |  |  |  |  |
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*\* ED – Education and Training \* GI- General Inspection \*NB – New Business*

| 1. **JOHSC FORMAL RECOMMENDATION LETTERS & REGULATORY INSPECTIONS (e.g. WorkSafeBC)**
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| **Item #**(use Recom. #) | **Priority** | **Discussion and/or Action Items** | **Assigned To** | **Date of Issue** | **Date to be Completed** | **Status** |
| *E.g.:**REC-Date#* |  | *For all JOHSC Formal Recommendation Letters and related Regulatory Inspections. Note ALL Regulatory Inspections reviewed, even if issued to another department. DO NOT MOVE OUT OF THIS SECTION – this section is to be used to ensure employer is responding within 21 calendar days. Once correspondence is complete item can be removed.* |  |  |  |  |
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*\* REC – Recommendation Letter*

| 1. **NEW & OTHER BUSINESS**
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| * General discussion items (list actionable items below)
 |
| **Item #**(NB-yy/mm/dd-01) | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Date to be Completed** | **Status** |
| *E.g.:**NB-17/09/19-01* |  | *For new items that are not currently in “ongoing business”.**Enter any relevant information regarding this item, actions to be taken, etc. If this item is not completed within the meeting, it will be moved to “Ongoing Business” for the following meeting* |  |  |  |
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*\*NB – New Business*

| 1. **NEXT MEETING**
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| Date: |  |
| Time: |  |
| Location: |  |

| 1. **MEETING ADJOURNED**
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| --- |
| Time: |  |

**LEGEND**

| **PRIORITY:** | **STATUS:**  |
| --- | --- |
| **A** | Critical/Life threatening/high probability  | **N** | New |
| **B** | Urgent/moderate probability of re-occurrence | **R** | Repeat |
| **C** | Important/low probability of re-occurrence | **C** | Complete |
| **D** | Reminders | **IP** | In Progress |
| **E** | Information | **RF** | Referred forward |

**Monthly Distribution and Posting of Approved Meeting Minutes (Required):**

* Responsible VP
* All JOHSC members
* Online (<https://hse.ok.ubc.ca/committee/>)
* Posted on any Safety Bulletin Boards (if applicable)