JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE MEETING MINUTES

Date:	Project:	Meeting #:
Superintendent:	Safety Coordinator:	

Attendee Name	Company	Attendee Name	Company
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

Members Elected	To What Position	Since the last JOH&S committee meeting:	
		Total injuries on site:	
		Inspections Completed: ☐WorkSafeBC ☐JOH&S Committee ☐Other: ☐Daily	
		Violations onsite: ☐Yes ☐No	Addressed: ☐Yes ☐No
		Accidents on site: ☐Yes ☐No	How Many:
		Incidents on site: ☐Yes ☐No	How Many:
Meeting started at: ☐AM ☐PM		Meeting ended at: ☐AM ☐PM	

ITEM	DISCUSSION	ACTION TAKEN

Any additions or corrections to these minutes must be received in writing within 5 working days after the date of issuance or they will stand as written.

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