



Joint Health & Safety Committee

Meeting Minutes Recording Form

Minutes of Meeting:

Date:	Start Time:	End Time:	Location:	
MEMBERS:			PRESENT	ABSENT
Worker Co-Chair:				
Management Co-Chair:				
Secretary:				
Worker Members:				
Management Members:				
Guests:				

Agenda Item #	Discussion	Go Do

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Agenda Item #	Discussion	Go Do

Next Meeting Date:

Place and Time:

Worker Co-Chair:

Management Co-Chair: