



**Joint Health & Safety Committee
Notice Board Sheet**

Name	Dept. / 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: