# 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** |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |

*\* (A) – Alternate member*

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| 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: |  |
|  |
| 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** |
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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** |
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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) |
| **Item #**(ED-yy/mm/dd-01) | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
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*\* ED – Education and Training*

| 1. **ONGOING BUSINESS – Status of Action Items**
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| **Original Item #** | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
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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 Recommendation or Report #) | **Priority** | **Discussion and/or Action Items** | **Assigned To** | **Date of Issue** | **Date to be Completed** | **Status** |
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*\* REC – Recommendation Letter \*IR – WorkSafeBC Regulatory Inspection*

| 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** |
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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
* Responsible Managing Director/Dean
* All JOHSC members
* Internal Communications Person
* Safety & Risk Services ubcsafety.committee@ubc.ca
* Posted on any Safety Bulletin Boards (if applicable)