Appendix B

XXXXXXX OSHECCOM Minutes

Meeting Date:

**ATTENDENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Member** (✓) | **E/M** | **Alternate**  (✓) |
| Chairperson |  |  |  |  |
| Vice-Chairperson |  |  |  |  |
| Coordinator |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Guests** | | | | |
| **Role** | **Name** | **Purpose** | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |

Quorum Established (Yes/No):

1a. Upcoming Scheduled Workplace Inspections:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date/Time**  **In-Brief** | **Date/Time**  **Out-Brief** | **Date/Time**  **Inspection** | **Inspector/**  **Organization** | **Employee Representative(s)** | **Facilities** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1b. Completed Scheduled Workplace Inspections:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date/Time**  **In-Brief** | **Date/Time**  **Out-Brief** | **Date/Time**  **Inspection** | **Inspector/**  **Organization** | **Employee Representative(s)** | **Facilities** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

2a. Workplace Hazards (WIT) Unabated or Abated Since Last Meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| **Finding #** | **Inspection**  **Date** | **Planned**  **Abatement**  **Date** | **Remarks** |
|  |  |  |  |

2b. Workplace Hazards (UCR) Unabated or Abated Since Last Meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| **Record #** | **Report**  **Date** | **Planned**  **Abatement**  **Date** | **Remarks** |
|  |  |  |  |

2c. Employee Reports (UCR) Awaiting Inspection or Closed Without Inspection:

|  |  |  |  |
| --- | --- | --- | --- |
| **Record #** | **Report**  **Date** | **Planned**  **Inspection**  **Date** | **Remarks** |
|  |  |  |  |

3. Ratio of employee(s) not current in OSH training required for the establishment[[1]](#footnote-1):

|  |  |  |
| --- | --- | --- |
| **# Trained / # Required** | **Training** | **Remarks** |
| **T/R** | **Title** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training | Timeframe | Name | Name | Name | Name | Name | Name | Name | Name |
|  |  |  |  |  |  |  |  |  |  |
| Aerial Lift | Initial | mm/yyyy[[2]](#footnote-2) |  |  |  |  |  |  |  |
| Hearing Protection |  |  |  |  |  |  |  |  |  |
| Electrical Safety | Every 3 yrs |  |  |  |  |  |  |  |  |
| Climbing | Every 2 yrs |  |  |  |  |  |  |  |  |
| Rescue Climber | Every 2 yrs  Annual Comp |  |  |  |  |  |  |  |  |
| Competent Climber | Every 2 yrs |  |  |  |  |  |  |  |  |
| Asbestos refresher | Every 2 yrs |  |  |  |  |  |  |  |  |
| Snow Cat | n/a |  |  |  |  |  |  |  |  |
| Snow Survival | n/a |  |  |  |  |  |  |  |  |
| Quad | n/a |  |  |  |  |  |  |  |  |
| Forklift | Every 3 yrs |  |  |  |  |  |  |  |  |
| CPR | Every 2 yrs |  |  |  |  |  |  |  |  |

Notes:

4a. Open or Closed Since Last Meeting Issue Papers:

|  |  |  |
| --- | --- | --- |
| **Date** | **Issue** | **Remarks** |
|  |  |  |

4b. New Issue Papers:

|  |  |  |
| --- | --- | --- |
| **Date** | **Issue** | **Remarks** |
|  |  |  |

5. Review of Old Business:

|  |  |
| --- | --- |
| **Issue** | **Remarks** |
|  |  |

6. New Business:

|  |  |
| --- | --- |
| **Issue** | **Remarks** |
|  |  |

7. Scheduled Meetings:

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-Chairperson

1. See Appendix F for an optional training worksheet that can be tailored for use. [↑](#footnote-ref-1)
2. Month and year that the training was last accomplished. Training that is not required for an employee will have the block blacked out as shown. [↑](#footnote-ref-2)