

**COMMITTEE MINUTE FORM**

See reverse for completion instructions  
 Complete all sections - type or print clearly  
 Phone (204) 945-3446  
 FAX (204) 948-2209

**Manitoba  
 Labour and  
 Immigration  
 Workplace Safety  
 and Health Division**



Complete Name and Address of Workplace  Phone:  Fax:  Which Committee (if more than one):  Meeting date:  Date of next meeting:  Number of employees at the workplace:	Employer Members (list all)	Occupation	Present	Absent
	Worker Members (list all)			
	Guests (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)

Other Business:

**Co-Chairpersons' Signatures** Please indicate by (X) in the brackets below who chaired this meeting.

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

( ) Print name of Employer Co-Chair \_\_\_\_\_ ( ) Print Name of Worker Co-Chair \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_