# Occupational Health Committee Minutes for Saskatchewan Workplaces

| **Complete all information. Add additional rows and pages as required.** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of employer | | | | | | | |
| Address | | | | | | Total number of workers in the workplace | |
| Postal code | Phone | | | | | | |
| Worksite address (if different than above) | | | | | | Meeting date | |
| Postal code | Phone | | | | | Date of next meeting | |
| Email | | | | | | Date of last meeting | |
| Employer co-chairperson | | | | Worker co-chairperson | | | |
| Management members | Occupation | Present | Absent | Worker members | Occupation | Present | Absent |
| | | | | | | | |
| **Item date/number** | **Problem or concern** Give full explanation and details. Divide old/new concerns. | | **Action taken or proposed** Name of person responsible | | | | **Target date** |
| | | | | | | | |
| Other business (including requests and notifications to the Occupational Health and Safety Branch of the Ministry of Labour Relations and Workplace Safety) | | | | | | | |

| **Distribute copies as follows:**<br>Copy 1 – Permanent committee files<br>Copy 2 – Employer copy<br>Copy 3 – Post on committee board for workers' information | To the best of my knowledge the above is an accurate record of this meeting<br><br>_____ _____<br>Employer co-chairperson Worker co-chairperson<br><br>Page _____ of _____ |
|---|---|

November 2025