



Health & Safety Management System Form:
JOHSC Meeting Minutes

Monitor:
Director, Health, Safety & Environment


Form #:
14.04.2

Meeting Details

Group: Hydro	Location: Yellowknife/Fort Smith	
Date: January-22-16	Start time: 1:30pm	End time: 2:30pm
Secretary: CSTEED	Chairperson: Colin Steed	

Attendance (call in #:)

Name	#	Worker, Management, Guest	Present	Reason absent
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colin Steed	5	Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Choose one:
Jay Pickett	3	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Jason Courtemanche	4	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Anthony Watier	2	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Ken Bell	6	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Yves Leguerrier	4	Worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Choose one:
Duane Rohne	6	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Rick Scott	5	Worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Choose one:
Jean Guy Poitras	5	HSE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Denis Bourke	1	Worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Choose one:
Grant Penny	3	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:


 <p>NORTHWEST TERRITORIES POWER CORPORATION <i>Empowering Communities</i></p>	Health & Safety Management System Form: JOHSC Meeting Minutes	Page 2 of 3
	Monitor: Director, Health, Safety & Environment	Form #: 14.04.2

Approval of Previous Meeting Minutes	
Date of last meeting: December-10-15	Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discussion: Review outstanding items, two incidents fall through floor & Behchoko trip and fall, Investigations to be done.	

Outstanding Items at Previous Meeting	
Item # 2015-02	Date initiated: April-10-14
Item details: Work Protection training required for all staff	
Recommendations: JOHS Hydro recommends new training to include practical portion and 1 trainer for region. Request Ed Smith to attend meeting to discuss new processes	
Actions taken: changes being implemented, committee formed, training to be set up	
Initiated by: Norm McBride	Date required: March-28-14
Responsible party: HSE & All Managers	Date complete: January-4-16

Item # 2015-04	Date initiated: April-10-15
Item details: Incident/Accident Investigation training required for new staff employees & Managers	
Recommendations: Provide training to JOHS members & Managers	
Actions taken: To be part of mandatory training- To be scheduled	
Initiated by: CSTEED	Date required: March-27-15
Responsible party: Neevee	Date complete:

Item # 2015-08	Date initiated: November-24-15
Item details: Arc Flash Labels- Are they accurate? Estimated Values on boundaries & to be verified	
Recommendations: Review Coordination study, correct labels if required	
Actions taken: Engineering to review	
Initiated by: Ken Bell	Date required: March-31-16

	Health & Safety Management System Form: JOHSC Meeting Minutes	Page 3 of 3
	Monitor: Director, Health, Safety & Environment	Form #: 14.04.2

New Items (incident reports, investigations, group H&S meeting referrals, facility safety inspections, interests, concerns)

Item #	Date initiated:
Item details:	
Recommendations:	
Actions taken:	
Initiated by:	Date required:
Responsible party:	Date complete:

Item #	Date initiated:
Item details:	
Recommendations:	
Actions taken:	
Initiated by:	Date required:
Responsible party:	Date complete: Click here to enter a date.

Item #	Date initiated:
Item details:	
Recommendations:	
Actions taken:	
Initiated by:	Date required: Click here to enter a date.
Responsible party:	Date complete:

* Copy table above and insert as required

Next Meeting Details

Date: February-19-16	Time: 1:30pm
Chairperson: Colin Steed	Secretary:

Secretary action: 1) Save to iManage 2) Send to all JOHSCs, all sites represented, HSE Director 4) Pos