



**Health & Safety Management System Form:**  
JOHSC Meeting Minutes

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**Monitor:**  
Director, Health, Safety & Environment

Form #:  
14.04.2

**Meeting Details**

Group: Thermal JOHSC	Location: Ft. Simpson & Inuvik	
Date: January-29-21	Start time: 01:30	End time: 2:00
Secretary: Boyd Mallaley	Chairperson: Boyd Mallaley	

**Attendance (call in #: )**

Name	#	Worker, Management, Guest	Present	Reason absent
Boyd Mallaley	1	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Excused
Bob Eldridge	1	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	On leave
Robert Gerhardt	1	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Christopher Daw	1	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Brendan Whelley		Worker (Guest)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On leave
Steve Harrison	1	Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Belinda Whitford	1	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:

\* Record number of meetings attended by fiscal year in # column. Remove/insert rows as required

**Approval of Previous Meeting Minutes**

Date of last meeting: December-18-20	Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discussion:	

**Outstanding Items at Previous Meeting**



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

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

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

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

\* Copy table above and insert as required



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**New Items**

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

Item # 2020-1 Date initiated: November-23-20

Item details: Review of COVID 19 Contractor Entry Process & Documentation

Recommendations: None at this time

Actions taken:

Initiated by: Date required: November-27-20

Responsible party: Date complete: November-27-20

Item # 2020- 2 Date initiated: December-18-20

Item details: Suggestion that we as a company need a better explanation disseminated to the employees as to the process for determining under the Covid Protocols what exactly you are to do if you find you have one or more Covid symptoms. Who are you to call etc.

Recommendations:

Actions taken:

Initiated by: Robert Gerhardt Date required: [Click here to enter a date.](#)

Responsible party: Date complete: [Click here to enter a date.](#)

Item # 2020-3 Date initiated: November-23-20

Item details: Question raised about number of Union/Mgmt required for a quorum to be able to proceed with meeting

Recommendations:

Actions taken: Chris Daw contacted Robert Gerhardt for recruitment of members

Initiated by: Belinda Whitford Date required: January-29-21

Responsible party: Date complete: Ongoing

Item # 2021-1 Date initiated:

Item details:

Recommendations:

Actions taken:

Initiated by: Date required: [Click here to enter a date.](#)

Responsible party: Date complete: [Click here to enter a date.](#)

Item # 2021-2 Date initiated



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Item details:

Recommendations:

Actions taken:

Initiated by:

Date required:

Responsible party:

Date complete:

**Items Completed in Current Fiscal Year**

Item #	Brief Description	Date Initiated	Date Completed
1	Review of COVID 19 Contractor Entry Process & Documentation	Nov 23/2020	Nov 27/2020

**(Name) JOHSC Facility Safety Inspection Schedule**

Month	(Location)	(Location)	(Location)
April			
July			
October			
January			

**Next Meeting Details**

Date: January-22-21

Time: 1330

Chairperson: Boyd Mallaley

Secretary: Boyd Mallaley

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