



Health & Safety Management System Form:
JOHSC Meeting Minutes

Page 1 of 4

Monitor:
Director, Health, Safety & Environment

Form #:
14.04.2

Meeting Details

Group: Thermal JOHSC	Location: Ft. Simpson & Inuvik	
Date: December-18-20	Start time: 01:30	End time: 2:00
Secretary:	Chairperson: Steve Harrison	

Attendance (call in #:)

Name	#	Worker, Management, Guest	Present	Reason absent
Boyd Mallaley	1	Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Excused
Bob Eldridge	1	Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On leave
Robert Gerhardt	2	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Choose one:
Christopher Daw	2	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
John McRury	2	Worker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: November-27-20	Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discussion:	



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Outstanding Items at Previous Meeting

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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Page 4 of 4

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(Name) JOHSC Facility Safety Inspection Schedule

Month	(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