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| **McMaster University**  ***[Name]* Joint Health and Safety Committee**  **MINUTES**  **Date**: day, month, year  **Time**:  **Location**: Building, room number or Virtual | | | | | |
| **Present**  (v) | **Absent**  (v) | **Name** | **Member Category**  (\*) | **Certified Member**  (v) | **Work Location**  **(Department)** |
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| (\*) **W** - Worker/Non-management (if unionized, record name of union)  **M** - Management  **A -** Advisor to Committee | | | | | |
| **Guests:** (list name, title, department) | | | | | |
| **WELCOME:** *Introductions if needed, acknowledge new members, land acknowledgement, confirm quorum* | | | | | |
| **MINUTES OF PREVIOUS MEETING:** *Statement to indicate minutes of previous meeting have been read and acknowledged, corrections if applicable, approve minutes* | | | | | |
| **BUSINESS ARISING FROM PREVIOUS MINUTES:** *Description, actions taken, recommendations, person responsible for follow up* | | | | | |
| **NEW BUSINESS:** | | | | | |
| **OTHER:** | | | | | |
| **NEXT MEETING:**  **Date**: day, month, year  **Time**:  **Location**: Building, room number or virtual | | | | | |
| **SIGNATURES:**    *[Worker Co-Chair] [Management Co-Chair]*  cc. University Health and Safety | | | | | |