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| **Committee Minute Form** | Page of  |

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| --- | --- | --- | --- | --- |
| **Complete name and address of workplace****Phone:****Fax:****Which committee (if more than one):****Meeting date:****Date of next meeting:****Number of employees at the workplace:** | **Employer members** (list all) | **Occupation** | **Present** | **Absent** |
| **Worker members** (list all) |  |  |  |
| **Guests** (list any) |  |  |  |
| **Date of origin** | **Concern or problem****(See reverse for completion instructions)** | **Recommendation or action to be taken** | **Action by (who and when)** |
|  |  |  |  |

**Other business:**

**Co-Chairpersons’ Signatures**

**Please indicate by (X) in the brackets below who chaired this meeting.**

**BOTH** management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

**In my opinion, the above is an accurate record of this meeting.**

( ) Print name of employer co-chair ( ) Print name of worker co-chair

**Signature Signature**