



Joint Health & Safety Committee
Notice Board Sheet

Name	Dept. / Location
Worker	
Co-Chair: _____	_____
Management	
Co-Chair: _____	_____
Secretary: _____	_____
Worker	
Members: _____	_____
_____	_____
Management	
Members: _____	_____
_____	_____

- Indicates a Certified Member.

Meetings are held: ☐ **Monthly** ☐ **Bi-Monthly** ☐ **Quarterly**

Location:

For More Information, contact: