

# Joint Occupational Health and Safety Committee (JOHSC) Meeting Agenda and Minutes

For medical clinics with 20 or more staff members, use this template to record the details of the monthly JOHSC meeting.

<b>Clinic name:</b>		<b>Date:</b>	DD / MM / YYYY
		<b>Time:</b>	HH : MM
<b>Meeting occurrence:</b>		<b>Meeting location:</b>	

Quorum (minimum number of JOHSC members required in the meeting):

- 50% of membership plus one.
- Minimum of four members and at least one employer representative.
- Employer representatives cannot outnumber worker representatives.

**Quorum for this committee is:**

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## JOHSC members attendance:

Present	Name	Role
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

\* Indicates employer and worker co-chairs. Alternates are indicated only when the regular member is absent. Ensure JOHSC membership list is kept current.

**Guest attendance (optional):**

Present	Name	Reason for attending (training, presentation, or consultation)
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Agenda:**

<b>1.1 Attendance</b> (Verify quorum)	<b>2. Standing items</b> (Education and training, clinic inspections, incidents reports, etc)
<b>1.2 Administration</b> (Review past minutes and actions. Consensus approval of minutes. Additions to the agenda)	<b>3. Old items</b> (Review actions from past meetings)
<b>1.3 Safety Moment</b> (Pick a topic that is important to the clinic)	<b>4. New items</b>

**Administration**

<b>Call to order</b>	<b>Time:</b>	HH:MM	<b>Recorder:</b>	
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<b>Adoption of agenda</b>	
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<b>Adoption of previous minutes</b>	
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**Standing items:**

Item # (yy/mm-#)	Topic description	Discussion/recommendation	Responsibility and action date

**Old items:**

Item # (yy/mm-#)	Topic description	Discussion/recommendation	Responsibility and action date

**New items:**

Item # (yy/mm-#)	Topic description	Discussion/recommendation	Responsibility and action date

**Next meeting:**

**Date:** DD / MM / YYYY

**Meeting location:**

**Time:** HH : MM

**REQUIREMENT: Meeting records must be maintained for at least two years** (the clinic may consider creating a health and safety folder to store these minutes and other documents). **The last three months of committee minutes must be posted in the clinic for easy staff access.**