

**Minutes of the Meeting**

Full Name & Full Address of Workplace: \_\_\_\_\_

\_\_\_\_\_

Number of team members in the workplace: \_\_\_\_\_

Meeting Date	Time

**Members (\*indicates a certified member)**

Name	Category (Worker/Management)	Present	Absent

**Guests**

Name	Title/Department

### Minutes of previous meeting

*Include a statement to indicate minutes of the previous meeting has been read and acknowledged and to record any correction if required.*

### Meeting Agenda Items

Agenda Item No.	Date Issue First Raised	Discussion/Recommendation	Action By

Next Meeting Date	Time

	Signature	Date
Worker Co-Chair		
Management Co-Chair		