



(For Labour Program use only)

Department File No.

Regional Office

Employer identification No.

WORK PLACE COMMITTEE REPORT

SCHEDULE(SCHEDULE 9)

Employer name and mailing address	Committee exemption pursuant to subsection 135(6)(a) of the Act <input type="checkbox"/> Yes
Postal code	Number of employees represented by committee <input type="text"/>
Committee name/work place/address if different from above	Number of trade union(s) employee committee members <input type="text"/>
Postal code	Number of non-trade union employee committee members <input type="text"/>
Contact person	Number of employer committee members <input type="text"/>
Telephone No.	Total committee membership <input type="text"/>
	Trade union(s) <input type="text"/>

		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Meetings	Regular													
	Special													
Complaints	Received													
	Resolved													
	Unresolved													
Refusals to work	Received													
	Resolved													
	Unresolved													
Inquiries and Investigations														
Inspections														
Programs, measures and procedures monitored														
Health and safety hazards	Identified													
	Resolved													
	Unresolved													
Injuries	Disabling injuries													
	Minor Injuries													
	Time lost due to injuries													

Please highlight any special programs, inquiries, unresolved issues or other points significant to the Committee that occurred during the previous 12 months ending December 31. (Attach sheet for additional information.)

Employee Chairperson

Please print name	Signature
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Attestation

I, hereby certify that I have reviewed the Annual Workplace Health and Safety Committee Report is true and accurate in every respect to the best of my knowledge and belief

See reverse for INSTRUCTIONS

Employer Chairperson

Please print name	Signature
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Attestation

I, hereby certify that I have reviewed the Annual Workplace Health and Safety Committee Report is true and accurate in every respect to the best of my knowledge and belief

INSTRUCTIONS TO EMPLOYER ON THE WORK PLACE COMMITTEE REPORT

Under the Policy Committees, Work Place Committees and Health and Safety Representatives Regulations s.9 , the chairperson selected by the employer's representatives on the committee (employer's co-chairperson) must submit each year, a Work Place Committee Report (LAB1058), by providing all the data requested on the form. (The three sections at the top right- hand corner are reserved for Employment and Social Development Canada, Labour Program, use only.)

For the following sections, covering the powers of the committee as defined in the **Canada Labour Code**, Part II, ss. 135(7), the employer's co-chairperson will record the data as follows:

Meetings: Each month, number of regular or special meetings held pursuant to ss. 135(10).

Complaints: Each month, number of health and safety complaints which the committee received, considered and disposed of pursuant to par. 135(7)(a) or which remain unresolved for that given month.

Refusals to work: Each month, number of refusals to work which an employee member of the committee received pursuant to ss. 128(9), and which were resolved or unresolved following the employer's investigation under ss. 128(10).

Inquiries and Investigations: Each month, number of inquiries and investigations pertaining to occupational health and safety to which the committee participated pursuant to par. 135(7)(e), for example: accident or hazard investigations.

Inspections: Each month, the number of inspections completed pursuant to par. 135(7)(k).

Programs, measures and procedures: Each month, number of employees' health and safety education programs established pursuant to par. 135(7)(c) and(d) and of employees' health and safety protection or improvement programs, measures and procedures developed pursuant to par. 135(7)(f), which the committee is monitoring regularly pursuant to par. 135(7)(g).

Hazards Identified: Each month, number of existing and potential hazards with respect to materials, processes or equipment in the work place which the committee identified pursuant to par. 135(7)(j)and(k) and about which it is regularly monitoring data pursuant to par. 135(7)(g).

Injuries and time lost: Each month, number of disabling or minor injuries, as defined in the **Canada Occupational Health and Safety Regulations**, Part XV, s.15.1. The time lost for injuries should be computed in work days.

At the end of the year, add up all numbers under TOTAL.

Note: For the headings "Received/Identified, Resolved, Unresolved", proceed as follows:

Received/Identified: Record only the number of COMPLAINTS, REFUSALS TO WORK and HAZARDS received or identified during a given month. Do not add up those numbers from month to month.

Resolved: Record only the number of COMPLAINTS, REFUSALS TO WORK and HAZARDS which have been resolved during a given month. Do not add up those numbers from month to month.

Unresolved: Add up from month to month the number of COMPLAINTS and HAZARDS which remain unresolved, until they become resolved.

The employer co-chairperson must submit the report signed by both chairpersons to the Minister of Labour no later than March 1st each year.