



**JOINT HEALTH & SAFETY COMMITTEE  
MINUTES  
January 30<sup>th</sup>, 2020  
1:00 pm  
Meeting Room 2178**

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<b><u>Present:</u></b>	Shannon Maki Tanya Niederer Oleksandr (Sasha) Grynko Imran Malik Martina Agostino	<b><u>Recording Secretary:</u></b>	Shannon Maki
		<b><u>Absent:</u></b>	Jonas Olsen Oleksandr (Sasha) Bubon Yurii Shepelytskyi Guillem Dayer Wenjie Liu

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- Approval of Agenda:** The meeting was called to order at 1:00 pm, chaired by Tanya Niederer. Agenda was approved by the committee with the addition of the review of the 'Workplace Cleanliness' policy.
- Review of Minutes and Action Items:**  
Tanya did a review of the Minutes and following **ACTION** items from **December 17<sup>th</sup>** as well as **UPDATES (dated accordingly)**: (throughout copy of minutes) – **\*updates under each section**
- Review of First Aids:**  
**Munro St.** – NONE TO REPORT  
**TBRHSC** – NONE TO REPORT
- Review of Incident Reports:**  
**Munro St.** – NONE TO REPORT  
**TBRHSC** – NONE TO REPORT
- Review of Inspection Reports:**  
**MUNRO LOCATION:**
  - **Microscopy Lab, basement level room 0309**
    - Ventilation unit is blowing excessively hot air – **ACTION: Shannon to submit Maintenance Requisition - DONE**
  - **Wet Lab, 1<sup>st</sup> level room 1305**
    - Windows are covered in ice on the inside and once melted from the warm air, water is draining off ledge and onto benches with equipment – **ACTION: Shannon to submit Maintenance Requisition - DONE**



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- **Student Area, 1<sup>st</sup> level room 1300**
  - Various lightbulbs are not working – **ACTION: Shannon to submit Maintenance Requisition - DONE**
- **Multiple locations in the common areas on the 1<sup>st</sup> and 2<sup>nd</sup> levels**
  - Various light bulbs are not working - **ACTION: Shannon to submit Maintenance Requisition - DONE**

#### TBRHSC LOCATION:

- **3<sup>rd</sup> Floor office space (inside 3116)**
  - All areas good – temperature does seem to fluctuate to very cool at times; will continue to monitor – **January 30<sup>th</sup>, 2020** – temperature continues to fluctuate throughout each day and can be very cool at times
- **3<sup>rd</sup> Floor Lab – All Areas**
  - CHEMICAL HAZARDS –large container of chemical that has no owner and requires disposal — **ONGOING – Will be disposed of with several other containers**
- **1<sup>st</sup> Floor – room 1640B**
  - Housekeeping request – vacuuming/emptying of recycle bin - **COMPLETED**
- **2<sup>nd</sup> Floor – Room 2167** – Temperature still fluctuates to cooler at times – **ONGOING**
- **2<sup>nd</sup> Floor – Physics Lab Area** – Area inspected, all good - lots of equipment being used – eyewash is being inspected regularly

#### Business Arising:

- **Policy Review** – Workplace Cleanliness – group reviewed the policy – Shannon to circulate for further review and feedback

**Meeting adjourned at 1:30 pm**

**Next meeting: February 19<sup>th</sup>, 2020**



MONTHLY WORKPLACE INSPECTION REPORT

Date: Jan 30/2020

Inspected By: Shannon Maki

Department (level/room #): 2nd Fl. Lab & 3116

PHYSICAL HAZARDS			
Y	N	N/A	
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			
CHEMICAL HAZARDS			
Y	N	N/A	
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			
BIOLOGICAL HAZARDS			
Y	N	N/A	
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
ERGONOMIC HAZARDS			
Y	N	N/A	
<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
SAFETY HAZARDS			
Y	N	N/A	
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
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*~ glass slides*  
*~ glass slides / N/A*

## MONTHLY WORKPLACE INSPECTION REPORT

<b>FIRE HAZARDS</b>	Y	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	✓		
Are the fire hose/extinguisher cabinets unobstructed by materials and/or equipment?	✓		
Are fire exits/stairwells unobstructed?	✓		
Are fire extinguishers inspected monthly and free of damage?	✓		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?	✓		
Are appliances in kitchenettes approved for this use?	✓		
Is equipment and stretchers in storage areas or placed on one side of the hallway?			✓
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?	✓		
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?	✓		
Are flammable materials stored appropriately? (eg: flammable cabinet)	✓		
Are all ceiling tiles intact?	✓		
<b>OTHER</b>	Y	N	N/A
Are monthly safety inspections completed and available?	✓		
Do workers know how to report a safety concern?	✓		
Do workers know how to report an incident/accident?	✓		
Is staff aware of where exit routes and pull stations are located?	✓		
Has staff reviewed the Code Red policy and related sub-plans in the last year?	✓		
Does staff know the location of the department sub plans?	✓		
Do workers know who their JOHSC representative is?	✓		
Are competency/training checklists up to date? (Reference document SE-01)			✓
Are workers wearing appropriate name tags?	✓		

**Important:**

- Any identified hazards must be documented on the form below.
- A worker and/or Manager of the unit/dept can complete the monthly inspection.
- The inspection form must be provided to the unit/dept Manager.
- The Department Manager must review all hazards identified, determine risk level using the Risk Evaluation Matrix and determine corrective actions.
- The Department Manager must document the corrective action or plan of action on the form below.
- A copy of the completed inspection report must be retained in your unit binder.



## MONTHLY WORKPLACE INSPECTION REPORT

Item & Location	Hazard(s) Observed	Risk Level	Repeat Item		Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
			Y	N				
Fire extinguisher blocked, Services Hallway	Fire extinguisher blocked by boxes	6	X		Remove boxes and remind staff of importance of keeping materials away from fire extinguisher.	Manager	Yes	October 10, 2016
<i>~ None ~</i>								

**Corrective Action** – Supervisor or Manager to complete. Must be identified and reported to Committee within 21 days as per the OHSA. Action taken should state: (1) Correction of hazard (or) (2) Decision pending for correction (or) (3) Corrective action identified and a plan in place.

*(Note: If corrections will take longer than 21 days to complete, send a copy of this report to OH&S stating what is happening and then the original when actions are completed. Original report to be filed in Occupational Health and Safety Department; photocopy to inspected department)*

WORKER SIGNATURE: *[Signature]* DEPARTMENT MANAGER (print & sign): \_\_\_\_\_



## MONTHLY WORKPLACE INSPECTION REPORT

**Date:** January 20, 2020

**Inspected By:** Sasha Grynko, Sasha Bubon

**Department (level/room #):** Munro St

<i><b>PHYSICAL HAZARDS</b></i>	Y	N	N/A
Are all walking surfaces and/or work surfaces clean and free of hazards?	✓		
Are all areas efficiently lit and suitable for the purpose?		✓	
Are all areas well-ventilated?		✓	
Are ventilation units in good working condition/free of debris?	✓		
Are stairs and grab rails in good condition?	✓		
Are noise levels appropriate?	✓		
<i><b>CHEMICAL HAZARDS</b></i>	Y	N	N/A
Are all hazardous substances/chemicals properly labeled?	✓		
Do workers know where to find a Safety Data Sheet for a substance/chemical?	✓		
Is the appropriate PPE available when using a chemical?	✓		
Are all hazardous substances/chemicals stored appropriately?	✓		
Are eye wash stations/showers functioning properly as per policy?	✓		
Are workers respiratory fit-tested (if required)?			✓
Are compressed gas cylinders labeled, transported and stored appropriately?	✓		
<i><b>BIOLOGICAL HAZARDS</b></i>	Y	N	N/A
Are needles safety-engineered?	✓		
Are medical sharps properly disposed of?	✓		
Are medical sharps containers used and maintained properly?	✓		
Is waste disposed of in the proper containers?	✓		
Are employees using the proper infection control PPE (e.g. gloves, gowns, N95 respirators)?	✓		
Are food, beverage and cosmetics stored appropriately, away from the likelihood of exposure?	✓		
<i><b>ERGONOMIC HAZARDS</b></i>	Y	N	N/A
Are heavy items stored appropriately?	✓		
Are lifting devices/wheeled equipment in good working order and inspected as required?	✓		
Are computer workstations appropriately laid out?	✓		
Are office chairs functioning properly?	✓		
Are desk and file drawers kept closed when not in use?	✓		
<i><b>SAFETY HAZARDS</b></i>	Y	N	N/A
Are ladders and/or scaffolds maintained in good condition?			✓
Is leaning material secured?	✓		
Are electrical cords intact? Permanent extension cords are not used?	✓		
Is electrical equipment tagged by maintenance, as required?	✓		
Is all equipment inspected and maintained in good condition?	✓		
Are workers wearing appropriate PPE for the task?	✓		
Are workers wearing proper footwear?			✓
Are emergency codes/sub plans available and understood by workers?			✓

## MONTHLY WORKPLACE INSPECTION REPORT

<b>FIRE HAZARDS</b>	Y	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	✓		
Are the fire hose/extinguisher cabinets unobstructed by materials and/or equipment?	✓		
Are fire exits/stairwells unobstructed?	✓		
Are fire extinguishers inspected monthly and free of damage?	✓		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?	✓		
Are appliances in kitchenettes approved for this use?	✓		
Is equipment and stretchers in storage areas or placed on one side of the hallway?			✓
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?			✓
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?	✓		
Are flammable materials stored appropriately? (eg: flammable cabinet)	✓		
Are all ceiling tiles intact?	✓		
<b>OTHER</b>	Y	N	N/A
Are monthly safety inspections completed and available?	✓		
Do workers know how to report a safety concern?	✓		
Do workers know how to report an incident/accident?	✓		
Is staff aware of where exit routes and pull stations are located?	✓		
Has staff reviewed the Code Red policy and related sub-plans in the last year?			✓
Does staff know the location of the department sub plans?			✓
Do workers know who their JOHSC representative is?	✓		
Are competency/training checklists up to date? (Reference document <i>SE-01</i> )	✓		
Are workers wearing appropriate name tags?	✓		

### Important:

- Any identified hazards must be documented on the form below.
- A worker and/or Manager of the unit/dept can complete the monthly inspection.
- The inspection form must be provided to the unit/dept Manager.
- The Department Manager must review all hazards identified, determine risk level using the Risk Evaluation Matrix and determine corrective actions.
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## MONTHLY WORKPLACE INSPECTION REPORT

Item & Location	Hazard(s) Observed	Risk Level	Repeat Item		Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
			Y	N				
Microscopy lab. Basement level, room 0309	Ventilating unit blow with excessively hot air	3		✓				
Wet lab. First level, room 1305	Windows are covered with ice from the inside and meltwater is dripping on a workbench	5		✓	Place a cloth / absorbent on a windowsill			
Student area. First level, room 1300	Some light bulbs are now working	1		✓				
Multiple locations in the common areas on the first and second levels	Some light bulbs are now working	1		✓				

**Corrective Action** – Supervisor or Manager to complete. Must be identified and reported to Committee within 21 days as per the OHSA. Action taken should state: (1) Correction of hazard (or) (2) Decision pending for correction (or) (3) Corrective action identified and a plan in place.

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## MONTHLY WORKPLACE INSPECTION REPORT

**Date: January 21, 2020**

**Inspected By: Martina**

**Department (level/room #): 1640B**

<i><b>PHYSICAL HAZARDS</b></i>	Y	N	N/A
Are all walking surfaces and/or work surfaces clean and free of hazards?	✓		
Are all areas efficiently lit and suitable for the purpose?	✓		
Are all areas well-ventilated?	✓		
Are ventilation units in good working condition/free of debris?	✓		
Are stairs and grab rails in good condition?			✓
Are noise levels appropriate?	✓		
<i><b>CHEMICAL HAZARDS</b></i>	Y	N	N/A
Are all hazardous substances/chemicals properly labeled?	✓		
Do workers know where to find a Safety Data Sheet for a substance/chemical?	✓		
Is the appropriate PPE available when using a chemical?	✓		
Are all hazardous substances/chemicals stored appropriately?	✓		
Are eye wash stations/showers functioning properly as per policy?			✓
Are workers respiratory fit-tested (if required)?			✓
Are compressed gas cylinders labeled, transported and stored appropriately?			✓
<i><b>BIOLOGICAL HAZARDS</b></i>	Y	N	N/A
Are needles safety-engineered?			✓
Are medical sharps properly disposed of?			✓
Are medical sharps containers used and maintained properly?			✓
Is waste disposed of in the proper containers?	✓		
Are employees using the proper infection control PPE (e.g. gloves, gowns, N95 respirators)?			✓
Are food, beverage and cosmetics stored appropriately, away from the likelihood of exposure?	✓		
<i><b>ERGONOMIC HAZARDS</b></i>	Y	N	N/A
Are heavy items stored appropriately?	✓		
Are lifting devices/wheeled equipment in good working order and inspected as required?			✓
Are computer workstations appropriately laid out?	✓		
Are office chairs functioning properly?	✓		
Are desk and file drawers kept closed when not in use?	✓		
<i><b>SAFETY HAZARDS</b></i>	Y	N	N/A
Are ladders and/or scaffolds maintained in good condition?			✓
Is leaning material secured?			✓
Are electrical cords intact? Permanent extension cords are not used?	✓		
Is electrical equipment tagged by maintenance, as required?	✓		
Is all equipment inspected and maintained in good condition?	✓		
Are workers wearing appropriate PPE for the task?	✓		
Are workers wearing proper footwear?	✓		
Are emergency codes/sub plans available and understood by workers?	✓		

## MONTHLY WORKPLACE INSPECTION REPORT

<b>FIRE HAZARDS</b>	Y	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	✓		
Are the fire hose/extinguisher cabinets unobstructed by materials and/or equipment?	✓		
Are fire exits/stairwells unobstructed?	✓		
Are fire extinguishers inspected monthly and free of damage?	✓		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?			✓
Are appliances in kitchenettes approved for this use?			✓
Is equipment and stretchers in storage areas or placed on one side of the hallway?			✓
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?	✓		
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?	✓		
Are flammable materials stored appropriately? (eg: flammable cabinet)	✓		
Are all ceiling tiles intact?	✓		
<b>OTHER</b>	Y	N	N/A
Are monthly safety inspections completed and available?	✓		
Do workers know how to report a safety concern?	✓		
Do workers know how to report an incident/accident?	✓		
Is staff aware of where exit routes and pull stations are located?	✓		
Has staff reviewed the Code Red policy and related sub-plans in the last year?	✓		
Does staff know the location of the department sub plans?	✓		
Do workers know who their JOHSC representative is?	✓		
Are competency/training checklists up to date? (Reference document <i>SE-01</i> )			✓
Are workers wearing appropriate name tags?			✓

### Important:

- Any identified hazards must be documented on the form below.
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## MONTHLY WORKPLACE INSPECTION REPORT

Item & Location	Hazard(s) Observed	Risk Level	Repeat Item		Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
			Y	N				
Fire extinguisher blocked, Services Hallway	Fire extinguisher blocked by boxes	6	X		Remove boxes and remind staff of importance of keeping materials away from fire extinguisher.	Manager	Yes	October 10, 2018
none to report								

**Corrective Action** – Supervisor or Manager to complete. Must be identified and reported to Committee within 21 days as per the OHSA. Action taken should state: (1) Correction of hazard (or) (2) Decision pending for correction (or) (3) Corrective action identified and a plan in place.

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**WORKER SIGNATURE:** Martina Agostino **DEPARTMENT MANAGER** (print & sign): \_\_\_\_\_