



# South Shore

## Regional Centre for Education

### JOHS Committee/Representative Information

School Year: \_\_\_\_\_ Name of School: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Teachers  
 \_\_\_\_\_ Custodial/Maintenance  
 \_\_\_\_\_ Cafeteria  
 \_\_\_\_\_ Other: (Specify \_\_\_\_\_)

#### Employer Members of Joint Occupational Health & Safety Committee:

Name	Means of Contact (Phone # or email)
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_____	_____
_____	_____

#### Employee Members of Joint Occupational Health & Safety Committee/Representatives:

Name	Employee Group/ Union	Means of Contact (Phone # or email)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms of Reference for the committee have been reviewed & approved  Yes  
 No

Specify any comments or suggestions regarding OHS policy or program:

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FORM TO BE SENT TO: HEALTH & SAFETY MANAGER

Email: [gsinclair@ssrsb.ca](mailto:gsinclair@ssrsb.ca) or FAX 902-541-3012