COMMITTEE MINUTE FORM
See instructions

Manitoba
Labour and Immigration
Workplace Safety & Health
401 York Avenue, Winnipeg, Manitoba R3C 0P8
T 204 957-SAFE(7233) or
toll-free 1 855 957-SAFE(7233) **F** 204 948-2209

Complete Name and Address of Workplace	Employer Members (list all)	Occupation	Present	Absent
UWSA Day Care 548 Furby Place R3B 2T4 0R30 – 515 Portage Ave. Winnipeg MB R3B 2E9 (mailing address)	Ioulia Berdnikova	Executive Director	X	
	Magdi Bogos	Supervisor	X	
Phone: 204-786-9898	**Worker Members** (list all)			
Fax: 204-775-4309	Rhoda Jamandre	ECE II	X	
Meeting date: July 30, 2025	Jannette Yabut	ECE II	X	
	Elena Kuznetsov	ECE II	X	
Date of next meeting: October 30, 2025	Arlene Talastas	ECE III	X	
Number of employees at the workplace: 43	**Guests** (list any) Alex Nguyen	UWSA Staff		

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)
April 28, 2025	*The minutes of the committee meeting held on April 28, 2025 were reviewed and it was found that most concerns and problems were satisfactorily resolved accept* - Arrange Mental Health PD day -Arrange Manulife's presentation on pension plan and IAP	PD day will be arranged in spring 2026 during reading week.	Ioulia
July 30, 2025	**New Concerns and Problems** Air quality	We agreed to use the WeatherCAN App moving forward so we can all be on the same page. If the Air Quality Health Index (AQHI) is 7 or higher, we will stay indoors to ensure everyone's safety.	Ioulia Magdi Jin
	There are many wall spots that require painting job. Children are peeling the paint and can put it in the mouth. That is a safety concern.	Paint the walls at least on children's level. Work on painting with university.	Ioulia
	There is no fast notification system in the center in case of emergency (dangerous behavior in a center or in the neighborhood).	Install strobes and panic buttons.	Ioulia
	Preschool rooms 1,2,3 No New concerns		
	Preschool rooms 4,5,6 No New concerns		

Other Business:

Co-Chairpersons' Signatures **Please indicate by (X) in the brackets below who chaired this meeting.**

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

(X) Print name of Employer Co-Chair I. Berdnikova ( ) Print Name of Worker Co-Chair A. Talastas

Signature_____ **Signature** _____

Within 7 days, copy to: ❶ Committee members; ❷ Committee files; ❸ Workplace Safety and Health; ❹ Post on S&H Bulletin Board

See instructions

Workplace Safety & Health
401 York Avenue, Winnipeg, Manitoba R3C 0P8
T 204 957-SAFE(7233) or
toll-free 1 855 957-SAFE(7233) **F** 204 948-2209

Complete Name and Address of Workplace	Employer Members (list all)	Occupation	Present	Absent
UWSA Day Care 548 Furby Place R3B 2T4 0R30 – 515 Portage Ave. Winnipeg MB R3B 2E9 (mailing address)	Ioulia Berdnikova	Executive Director	X	
	Magdi Bogos	Supervisor	X	
Phone: 204-786-9898	**Worker Members** (list all)			
Fax: 204-775-4309	Rhoda Jamandre	ECE II	X	
Meeting date: April 28, 2025	Jannette Yabut	CCA	X	
	Ivy-Lyn Reynoso	ECE II	X	
	Arlene Talastas	ECE III	X	
Date of next meeting: July 28, 205 **Number of employees at the workplace: 38**	**Guests** (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)
	Infants No new concerns **Outdoor** No new concerns **Other issues** - Continue arranging staff building activities.	- Arrange potluck in September - Make a reservation for the winter party.	Ioukia Magdi Arlene

Other Business:

Co-Chairpersons' Signatures **Please indicate by (X) in the brackets below who chaired this meeting.**

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

(X) Print name of Employer Co-Chair I.Berdnikova ( ) Print Name of Worker Co-Chair A.Talastas

Signature_____ **Signature** _____

Within 7 days, copy to: ❶ Committee members; ❷ Committee files; ❸ Workplace Safety and Health; ❹ Post on S&H Bulletin Board

See instructions

Workplace Safety & Health
401 York Avenue, Winnipeg, Manitoba R3C 0P8
T 204 957-SAFE(7233) or -2209

Manitoba
Labour and Immigration

SAFETY AND HEALTH COMMITTEE MINUTES

Home page: http://www.safemanitoba.com Click on "Minute Form" in PDF format to print and fill in your meeting information outlined below (Instructions for Completion of Minute Forms) for faxing or mailing. If you prefer to email your completed minute form, use the Word format and forward to cominutes@gov.mb.ca
FAX for Committee Minutes: (204) 948-2209

Your committee must meet four or more times per year. Completed minutes of each meeting of the safety and health committee at your workplace must be faxed, mailed to Workplace Safety and Health or e-mailed to cominutes@gov.mb.ca. You can use the Workplace Safety and Health Committee Minute Form or set up your own format containing all the information in our form.

The minute form is intended for your use to record briefly and clearly the safety and health concerns at your workplace and steps taken by the committee or others to resolve them. They are designed to provide everyone at your workplace and the Workplace Safety and Health with information on your committee's activities and progress to date.

If you are unable to resolve an issue yourselves, call Workplace Safety and Health for assistance at 204 957-SAFE(7233) or toll-free in Canada at 1 855 957-SAFE(7233) for assistance.

Instructions For Completion Of Minute Forms

❶ **You must complete all information in top boxes:**

Full Name & Full Address of Workplace - must include Department & Branch, where applicable.

Which Committee - needs to be completed only if you have more than one committee at the same address.

Number of Employees at the Workplace - the number at the workplace, not the number on the committee.

❷ In the first column "**Origin**" indicate the date an issue is first raised at a safety and health committee meeting. Continue to note this date in future minutes until the committee agrees the issue is resolved.

❸ In the second column "**Concern or Problem**" list the details of items discussed. Draw a line across the page to separate each issue.

❹ In the third column "**Recommendation or Action Taken**" indicate what has been done or the steps being taken or the committee's recommendation as to what should be done to resolve the issue.

❺ In the last column "**Action By**" fill in who will be responsible for carrying out each interim step or action and the date it will be completed or, if the issue is resolved, fill in the date it was resolved.

❻ In the bottom section "**Other Business**" record any points not covered such as upcoming elections or date of next meeting.

❼ **Both** management and worker co-chairs must sign each page of the minutes when they are satisfied that the record is complete and accurate. Please indicate by an (X) in the brackets who chaired that particular meeting. NOTE: If you are emailing your minutes then you are only required to provide the names of the two co-chairs.

❽ Distribution of copies must be done within one week following the committee meeting:

a) Distribute copies to committee members, alternates, and relevant managers.

b) Keep one copy at the workplace for a period of at least 10 years from the date of the meeting.

c) Send one copy to Workplace Safety and Health - by mail to the address above, fax minutes to (204) 948-2209, e-mail to the above address **or** electronically.

d) Post one copy on the safety and health committee bulletin board(s).

SETTING AGENDAS: It is recommended that the co-chairs get together to set the agenda for each meeting. This must be posted on the safety and health committee bulletin board **prior** to each meeting and distributed to committee members **at least** 3 clear days ahead of the meeting. Following is a generic agenda outline that could be used in creating your own agendas.

① **Review minutes of last meeting.** You will need to determine if all issues have been resolved or if actions have been taken as indicated and next steps agreed to and noted.
② **Review issues resolved by individual committee members or supervisors.**
③ **Review illness, injuries and accidents since last meeting.** This could also include a brief review of working procedures, rules and policies related to the illness, injuries or accidents and recommendations for changes to same.
④ **Consider new concerns or problems.** These may arise out of inspection tours, surveys, investigations by committee or concerns brought to the committee's attention by employees or management.
⑤ **Review of educational material and availability of safety and health training programs.**