

**WORK PLACE COMMITTEE REPORT
RAPPORT DU COMITÉ LOCAL**

SCHEDULE (SECTION 9 / ANNEXE (ARTICLE 9))

(For Labour Program use only) (À l'usage exclusif du Programme du travail)	
Department File No. N° de dossier du Ministère	
Regional Office Bureau régional	
Employer Identification No. N° d'identification de l'employeur	

Employer name and mailing address
Nom et adresse postale de l'employeurCommittee name/work place/address if different from above
Nom du comité/lieu de travail/adresse si différent de ci-dessusPostal code
Code postal
Contact person
Personne-ressourcePostal code
Code postalTelephone no.
N° de téléphoneCommittee exemption under subsection 135(6)(a) of the Act
Exemption du comité en vertu de l'alinéa 135(6)a) de la Loi☐ Yes
OuiNumber of trade union(s) employee committee members
Nombre de membres représentant les employés syndiqués
au comitéNumber of employees represented by committee
Nombre d'employés représentés par le comitéNumber of employer committee members
Nombre de membres représentant l'employeur au comitéNumber of non-trade union employee committee members
Nombre de membres représentant les employés non syndiqués
au comitéTotal committee membership
Effectif total du comitéName of trade union(s)
Nom du (des) syndicat(s)

		Jan. janv.	Feb. févr.	Mar. mars	Apr. avr.	May mai	June juin	July juil.	Aug. août	Sept. sept.	Oct. oct.	Nov. nov.	Dec. déc.	TOTAL
Meetings Réunions	Regular Ordinaires													
	Special Spéciales													
Complaints Plaintes	Received Reçues													
	Resolved Résolues													
	Unresolved Non résolues													
Refusals to Work Refus de travailler	Received Reçues													
	Resolved Résolues													
	Unresolved Non résolues													
Inquiries, Investigations, and Inspections Enquêtes, investigations et inspections														
Programs, Measures, and Procedures Monitored Programmes, mesures et procédures surveillées														
Health and Safety Hazards Risques à la santé et à la sécurité	Identified Détectés													
	Resolved Résolues													
	Unresolved Non résolues													
Injuries Blessures	Disabling injuries Blessures invalidantes													
	Minor injuries Blessures légères													
	Time lost due to injuries Perte de temps due aux blessures													

Please highlight any special programs, inquiries, investigations, unresolved issues
or other points significant to the Committee that occurred during the previous 12
months ending December 31. (Attach sheet for additional information.)Décrire tous programmes, enquêtes, investigations, questions non résolues ou
autres faits particuliers soulevés au cours de la période de 12 mois se terminant le
31 décembre et pouvant avoir une certaine importance pour le comité. (Joindre une
feuille additionnelle au besoin.)**Employee Chairperson / Président représentant les employés**Please print name:
Nom en lettres majuscules

Signature

Date

Employer Chairperson / Président représentant l'employeurPlease print name:
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Signature

Date

See reverse for INSTRUCTIONS au verso

Hrsdc Work Place Committee Report

J Dewey



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