

## **Health and Safety Committee Agreement of Confidentiality**

***In the course of conducting joint health and safety committee business, confidential company and personal information may be disclosed from time to time.***

***Health and safety committee members are obligated to keep any such information confidential.***

I, (name) \_\_\_\_\_

as a member of the Joint Health and Safety Committee ("HSC") will, within the limits of my membership role and responsibilities:

- 1) support the objectives of the HSC;
- 2) be proactive in raising health and safety awareness in relationships in my department;
- 3) actively develop and implement policies and procedures in my department which will reduce the likelihood of health and safety hazards;
- 4) act as a liaison between my co-workers and the HSC, including reporting back to my co-workers about the activities of the HSC;
- 5) participate in company awareness and educational events;
- 6) read minutes and relevant materials before each meeting;
- 7) attend and participate in meetings; and
- 8) share administrative responsibilities of the HSC.

I understand and agree that all company business, personal and medical information is to be kept confidential.

Any references to such information in HSC minutes shall be done in a manner that prevents any identification of an individual's personal or medical information.

I acknowledge that confidentiality is important to achieving the HSC's objectives.

Therefore, I agree that I will not communicate to anyone the specifics of information shared by HSC members or of discussions between HSC members, whether I hear such information or discussion during or outside of HSC meetings.

I will only communicate to non-HSC members the outcome of such discussions.

The only exceptions to this agreement of non-disclosure are:

1. If I am legally required to disclose information, or
2. If the relevant HSC member(s) has released me from my promise.

I understand that if I breach this agreement of confidentiality, or the responsibilities noted above, I may be immediately dismissed from the HSC.

\_\_\_\_\_  
**HSC Member's Signature**

\_\_\_\_\_  
**Date**

## **Health and Safety Committee Conflict of Interest**

I (name) \_\_\_\_\_

shall not permit any actual, possible or perceived conflict of interest to exist during my tenure as an HSC Member.

Any such conflict(s) will be immediately disclosed to the HSC Chairperson.

\_\_\_\_\_  
**HSC Member's Signature**

\_\_\_\_\_  
**Date**