Employee Safety Committee Agenda
Month/Year February 2015

Company Name: ________________________________________________________________

Location: __________________________________________________________________

Employee Safety Committee Agenda for ____________ ____________, 20__________
Month Day Year

Company Safety Policy:

Ageia Health Services believes safety is a cardinal responsibility and is committed to providing
a safe workplace for all employees and has developed this manual to integrate safety and
health practices into every job task to prevent occupational injuries and illnesses. This will be
accomplished through the cooperative efforts of managers, supervisors and employees to
identify and eliminate hazards that may develop during our work process.

1. Call to Order

2. Roll Call (new hires and injured workers attend 3 meetings)

3. Review Minutes of Previous Meeting (see attached)

4. Committee Report:
   a. Incident Investigation Committee
      i. Review of incidents for current month
      ii. Identification of corrective measures
      iii. Implementation of corrective measures

5. Old Business
   a. Inspections & Corrections
      i. Last month’s policy review results
         1. Safety Committee and Elections (policy review)
     b. Other Items

6. New Business
   a. Lifting Safety
   b. Monthly PPE Audit
   c. Quarterly Hazardous Chemicals Audit
   d. Committee Members and non-members concerns
   e.

7. Next meeting date & time

8. Adjournment
WHAT? Safety Committee Meeting

WHO? Safety Committee Members
New Employees
Injured Employees
Other Interested Employees

WHEN? _____/_____/_____

at __________AM PM

WHERE? _______________________

WHY? To discuss workplace health and safety topics. Some items we may cover:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

This notice to be posted one week prior to the date of the meeting.
Employee Safety Committee Minutes

Date: __________________________________________
Location: _______________________________________
Start Time: ___________ A.M. / P.M. (please circle)

Roll Call (members and non-members present-indicate new hires and injured workers)
______________________________  ______________________________
______________________________  ______________________________
______________________________  ______________________________
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Review Minutes of Previous Meeting (see attached)
Comments:
______________________________  ______________________________
______________________________  ______________________________

Monthly Safety Training Topic (briefly describe actual training covered)
______________________________  ______________________________
______________________________  ______________________________

Incident Review Report: Evaluate the investigations conducted since the last meeting to determine if the cause(s) of the unsafe situation was identified and corrected
______________________________  ______________________________
______________________________  ______________________________
______________________________  ______________________________

Follow-Up on Old Business: Inspections & Corrections

New Business: ____ Quarterly Inspection or ____ Policy Review
Comment on inspection results or list the policy reviewed and note any comments, revisions, recommendations, addendums, etc.

New Business: Safety and health issues discussed, hazards reported, committee reports.

Action Plan: Recommendations for correcting hazards and reasonable deadlines for management to respond.

Name of the person(s) who will follow up on the recommendations:

Date of next safety committee meeting: ______________________

Notes taken by: ________________________________

Signature: ________________________________

End Time: _________ A.M. / P.M. (please circle)
Inspect the following areas each month to identify if the proper PPE is available

Date: __________

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<tr>
<th></th>
<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
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<td>Nurses Stations</td>
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<td>Medication Carts</td>
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<td>Housekeeping Carts</td>
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<td>Dietary</td>
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<td>Maintenance Shop</td>
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CORRECTIVE ACTIONS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed forms are to be provided to the Safety Committee for evaluation each month.
<table>
<thead>
<tr>
<th>CHEMICAL NAME</th>
<th>MANUFACTURER</th>
<th>LOCATION USED AT</th>
<th>PPE NEEDED</th>
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Current completed form to be placed in the front of each SDS Binder and updated when new chemicals are introduced.

Note: Outdated hazardous chemical lists are to be archived in permanent safety records.
Do you practice proper lifting techniques?

There are nearly half a million disabling injuries on the job every year and a large percentage of them are back injuries. Improper lifting technique is the cause of many of these injuries. This is demonstrated by the fact that 23% of all workplace injuries occur while lifting or moving heavy materials. Injuries of this nature are painful and sometimes career-ending. However, these incidents can be avoided by practicing proper lifting procedures.

Factors involved in accurately assessing a lift:

The ability to lift an object will depend on the health, physical capability, and overall fitness of the individual performing the lift. Other factors to consider are:

Load placement:

- If you are moving the load manually, place the load directly in front of you, with both your feet and the load facing forward, in order to not twist your back.
- Don’t bend at your waist or lift with your back; bend at your knees and use your legs to perform the lift.

Weight lifted:

- The amount of weight to be lifted is a critical factor. The heavier the weight, the greater the potential for injury. Decrease the weight or reduce the number of lifts per day to decrease the potential of sustaining a back injury.
Factors involved in accurately assessing a lift (continued):

Proper grip:
- Hold loads as close to the body as possible.
  - The farther the load from the body, the greater the stress on the back.
  - Holding the load closely increases the safety of the lift by allowing your body to push an object as opposed to pulling it.
- Carry the load at waist level to create balance and reduce stress.

What should be done if the load looks too heavy or unsafe to be moved by only one person?

Find a way to move the load that will not put you at risk of a back injury. Mechanical methods, such as push carts or forklifts, are means of moving heavy loads without jeopardizing your health and safety. If mechanical methods are not present, ask for help.

Get in the habit of practicing safe lifting techniques. Following these simple measures can prevent a potentially serious back injury.
Lifting Safely

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: __________________________________________

Trainer: ___________________ Trainer’s Signature: ______________

Class Participants:

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*Remember to load your completed trainings into the Risk Management Center.*