Employee Safety Committee Agenda
Month/Year March 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. Pictograms for Hazardous Chemicals
   b. Monthly PPE Audit
   c. Safety Committee Quarterly inspection
   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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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*This notice to be posted one week prior to the date of the meeting.*

Safety Committee Meeting Notice
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

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________
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)
Inspection of the following areas each month is required to identify if the proper PPE is available.

Date: __________

<table>
<thead>
<tr>
<th></th>
<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
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</thead>
<tbody>
<tr>
<td>Nurses Stations</td>
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<tr>
<td>Medication Carts</td>
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<tr>
<td>Housekeeping Carts</td>
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<tr>
<td>Soiled Utility Room</td>
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<tr>
<td>Laundry Room</td>
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<tr>
<td>Dietary</td>
<td></td>
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<td></td>
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<tr>
<td>Maintenance Shop</td>
<td></td>
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</tbody>
</table>

CORRECTIVE ACTIONS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed forms are to be provided to the Safety Committee for evaluation each month.
<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sidewalks are in good condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping is trimmed &amp; does not create a slip/trip/fall hazard</td>
<td></td>
<td></td>
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<tr>
<td>Parking lot is in good condition &amp; free of potholes</td>
<td></td>
<td></td>
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<tr>
<td>Hoses used for watering are not stretched across walkways</td>
<td></td>
<td></td>
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<tr>
<td>Area outside Exit doors is free of debris and allows for easy egress</td>
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<td></td>
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<tr>
<td>Signs/awnings/building/roofing is in good condition</td>
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<td></td>
</tr>
<tr>
<td>Power-assisted doors are in good working condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mats &amp; wet floor cones are available for non-carpeted areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
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<tr>
<td>Furniture is in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper receptacles are available &amp; used to extinguish smoking materials</td>
<td></td>
<td></td>
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<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
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<tr>
<td>MSDS book is available and updated</td>
<td></td>
<td></td>
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<tr>
<td>Desks and chairs are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area is free of clutter and tripping hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor coverings are in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handrails are firmly attached to the walls &amp; in good repair</td>
<td></td>
<td></td>
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<tr>
<td>Smoking &amp; No Smoking areas are clearly posted &amp; observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping carts, when in use, are kept on one side of the hall to keep the hall clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Wet Floor” signs are appropriately placed when floors are wet or being mopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallways are free of clutter and tripping hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors are free of water and other slip/trip &amp; fall hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good housekeeping &amp; free of debris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grab bars are properly secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting is adequate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dining Area
Floor coverings are in good repair .................................................. □ Yes □ No
Mats are used where necessary to prevent slips & falls .......................... □ Yes □ No
Chairs & tables are in good repair .................................................. □ Yes □ No
Walkers are positioned to avoid causing a trip hazard ......................... □ Yes □ No

Kitchen
Mats are available where necessary to prevent slips & falls & for foot fatigue........ □ Yes □ No
Potholders are available around ranges and steamers ........................... □ Yes □ No
Cut-resistant gloves are available for cleaning the slicer ....................... □ Yes □ No
Knives are stored properly ......................................................... □ Yes □ No
Electrical appliances are unplugged before cleaning ......................... □ Yes □ No
Entry/exit handles on walk-in cooler are in good repair ......................... □ Yes □ No
Lights in walk-in coolers have protective covers ............................... □ Yes □ No
Ventilation hood and Ansul system cover all cooking equipment .......... □ Yes □ No
Ansul System above cooking equipment is serviced every six months ....... □ Yes □ No
Ansul System emergency pull handle is clearly accessible ................. □ Yes □ No
Removable vent screens in hood are cleaned weekly ......................... □ Yes □ No
Hood & flue are cleaned every six months as indicated by sticker on hood □ Yes □ No
40 BC Fire extinguisher is available, (Class K extinguisher if cooking with grease)□ Yes □ No
Doors are in good working condition ............................................. □ Yes □ No

Laundry
Floor coverings are in good repair .................................................. □ Yes □ No
Floor is free of water and other slip/trip & fall hazards ......................... □ Yes □ No
Dryer lint vents are cleaned after each use ..................................... □ Yes □ No

Medication Room
Syringes are not recapped & are placed in SHARPS containers immediately after use □ Yes □ No
Lancets are placed in SHARPS containers immediately after use ........... □ Yes □ No
Full SHARPS containers are properly disposed of & are not stored on property □ Yes □ No

Maintenance Room
Paints/Chemicals stored properly .................................................. □ Yes □ No
Room is locked to prevent general access ...................................... □ Yes □ No
All tools/appliances are in good repair ........................................... □ Yes □ No

Housekeeping Room
Gloves/Goggles and other PPE for mixing chemicals are available .......... □ Yes □ No
Eye wash station is available and functioning .................................. □ Yes □ No
All tools/appliances are in good repair ........................................... □ Yes □ No
### Break/Lunch Room
- Safety bulletin board is present: [ ] Yes [ ] No
- Safety Committee meeting minutes are posted: [ ] Yes [ ] No
- Required postings are present: [ ] Yes [ ] No
- Room is clean and free of debris and clutter: [ ] Yes [ ] No

### Activity Room
- Room is clean & free of debris and clutter: [ ] Yes [ ] No
- Floor coverings are in good repair: [ ] Yes [ ] No
- Furniture is in good repair: [ ] Yes [ ] No

### Fire Systems/Protection
- Community sprinkler system is serviced annually: [ ] Yes [ ] No
- Community sprinkler riser area/room is free of clutter & debris: [ ] Yes [ ] No
- Fire sprinkler heads throughout facility are unblocked & have at least 18" clearance: [ ] Yes [ ] No
- Fire extinguishers are all charged, identified & serviced annually: [ ] Yes [ ] No

### Electrical
- No extension cords are being used throughout the Community: [ ] Yes [ ] No
- A 36" path is clear in front of all breaker panels: [ ] Yes [ ] No
- Breaker panel doors are closed: [ ] Yes [ ] No
- Breakers are individually identified: [ ] Yes [ ] No
- Missing breakers have blank plugs: [ ] Yes [ ] No
- Cords on all machinery & equipment are in good condition and not patched or taped: [ ] Yes [ ] No

### Egress
- Exit doors are not obstructed: [ ] Yes [ ] No
- Stairways are not obstructed: [ ] Yes [ ] No
- Fire doors are all functioning & not blocked: [ ] Yes [ ] No
- Exits are identified & marked with signs: [ ] Yes [ ] No
- Automatic doors are functioning properly & do not close prematurely: [ ] Yes [ ] No

### Elevators
- Cars level properly (within ½ of landing): [ ] Yes [ ] No
- Cars are provided with some type of car-door leading edge protection: [ ] Yes [ ] No
- Alarm bell functions: [ ] Yes [ ] No
- Inspection certificates are up-to-date: [ ] Yes [ ] No
- General car interior is adequate & does not present hazards: [ ] Yes [ ] No
- Elevator Maintenance Guide or logs are available & up-to-date: [ ] Yes [ ] No

### Universal Precautions
- Gloves are readily available for use with each resident: [ ] Yes [ ] No
- Gloves are used for pericare, oral care & changing garments/diapers: [ ] Yes [ ] No
Gloves are used for injections & blood testing......................................................... □ Yes □ No
Needles are not recapped ......................................................................................... □ Yes □ No
SHARPS containers are adequate & available for use........................................... □ Yes □ No
Gloves are used for emptying bedpans/catheter bags ........................................... □ Yes □ No
Gloves are used for treatments and/or dressings...................................................... □ Yes □ No
Soiled dressings are disposed of in a separate bag................................................... □ Yes □ No
Hands are washed before & after resident care....................................................... □ Yes □ No

**Bath and Shower Areas**
Bathtubs & showers are clean................................................................................... □ Yes □ No
Grab bars are secure.................................................................................................. □ Yes □ No
Rubber mats are in place, where appropriate ........................................................... □ Yes □ No
Rubber gloves are used when cleaning bathtubs & showers.................................... □ Yes □ No
Showers are in good working order.......................................................................... □ Yes □ No
Water temperature does not exceed state maximum.............................................. □ Yes □ No

**Hazardous Communications/Personal Protective Equipment/OSHA**
Material Safety Data Sheets (MSDS') are available for all chemicals.................. □ Yes □ No
MSDS books are up to date....................................................................................... □ Yes □ No
Personnel knows the location of the MSDS books................................................. □ Yes □ No
Gloves, goggles & other personal protective equipment are available for use with chemicals □ Yes □ No
Eye wash stations are located in close proximity to areas where chemicals are used □ Yes □ No
OSHA Log/Summary up to date ............................................................................... □ Yes □ No
Disaster plan accessible to staff ............................................................................. □ Yes □ No

**Comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Signatures of each safety committee member participating in the inspection:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Pictograms were developed to simplify hazard communication on chemical container labels and safety data sheets (SDSs), regardless of manufacturer or country of origin. The pictograms are based on images and symbols employees throughout the world would recognize and understand.

- All pictograms will be a diamond on a point with a red border and a black image associated with the hazard in the center. For pictograms used in transport, the background color may be based on the UN Recommendations for the Transportation of Dangerous Goods.

- Multiple pictograms may appear on a product label. One pictogram will appear for a health hazard and possibly multiple pictograms for the various physical hazards.

- The nine pictograms are listed below with the hazard class and an example chemical for each.

<table>
<thead>
<tr>
<th>Pictograms</th>
<th>Hazard Class</th>
<th>Example Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Corrosive Pictogram" /></td>
<td>Corrosives</td>
<td>Hydrofluoric acid&lt;br&gt;- Used for etching in silicon semiconductor production and oil refining.&lt;br&gt;- Corrosive to metal.</td>
</tr>
<tr>
<td><img src="image" alt="Irritant Pictogram" /></td>
<td>Irritant or sensitizer</td>
<td>Acetic acid&lt;br&gt;- Used in film development and as a solvent in various industries.&lt;br&gt;- Skin irritant.</td>
</tr>
<tr>
<td><img src="image" alt="Health Hazard Pictogram" /></td>
<td>Health hazard</td>
<td>Formaldehyde&lt;br&gt;- Used in embalming and as a bacterial and viral disinfectant.&lt;br&gt;- Known carcinogen, lung and skin irritant and sensitizer.</td>
</tr>
<tr>
<td>Pictograms</td>
<td>Hazard Class</td>
<td>Example Chemical</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Acute Toxicity</td>
<td>Chloroform</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Used as a solvent in many industries.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be toxic to kidney, liver and heart.</td>
</tr>
<tr>
<td></td>
<td>Flammables</td>
<td>Hydrogen sulfide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A naturally occurring chemical found in natural gas during oil drilling and used in paper and pulp production.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Flammable gas.</td>
</tr>
<tr>
<td></td>
<td>Explosive</td>
<td>Ammonium perchlorate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Used in rocket fuel and some adhesives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Oxidizer and explosive hazard under certain conditions.</td>
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<tr>
<td></td>
<td>Gases under pressure</td>
<td>Oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Used in the medical field for life support and in iron smelting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contents under pressure.</td>
</tr>
<tr>
<td></td>
<td>Oxidizer</td>
<td>Silver oxide</td>
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<tr>
<td></td>
<td></td>
<td>• Used in portable batteries.</td>
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<tr>
<td></td>
<td></td>
<td>• Strong oxidizer.</td>
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<tr>
<td></td>
<td>Environmental toxicity</td>
<td>Octane</td>
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<tr>
<td></td>
<td></td>
<td>• A component of refined gasoline.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Toxic to fish and aquatic invertebrates.</td>
</tr>
</tbody>
</table>
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:

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

Name:_________________________  Signature:_________________________  Date:____________

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