Employee Safety Committee Agenda
Month/Year November 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. Knife Handling 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)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

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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<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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<tr>
<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>Soiled Utility Room</td>
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<td>Laundry Room</td>
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<td>Dietary</td>
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<td>Maintenance Shop</td>
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CORRECTIVE ACTIONS: ______________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
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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>
<th>SDS PRESENT</th>
<th>DATE FIRST USED</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.
Disclaimer

This training material presents very important information.

- Your organization must do an evaluation of all exposures, applicable codes and regulations, and establish proper controls, training, and protective measures to effectively control exposures and assure compliance.

This program is neither a determination that the conditions and practices of your organization are safe nor a warranty that reliance upon this program will prevent accidents and losses or satisfy local, state or federal regulations.

- All procedures and training, whether required by law or not, should be implemented and reviewed by safety and risk management professionals, and legal counsel to ensure that all local, state and federal requirements are satisfied.
1. Why Take Knife Handling Safety Training?
2. Perform a Hazard Assessment
3. Use Cut Gloves
4. Use the Proper Knife
5. Safe Cutting
6. Knife Storage
7. Summary
Knife handling safety is important!

- Knives are used in many work settings and at home.
- Their hazards are well known, but safe handling approaches are not.
- Hazards exist from cuts when using them, as well as when handling them.
Find out what hazards are present:

- Perform a Hazard Assessment to determine Personal Protective Equipment (PPE) and other safety controls needed, based on the hazards of tasks to be performed.

- Train staff and require them to use needed protective measures such as safeguarding systems and PPE. *For example, use steel mesh or Kevlar gloves when cutting.*
**Cut Gloves:**

- Cut gloves provide protection from laceration type cuts.
- These are available in Kevlar and steel mesh.
- They do not provide complete protection or protection from piercing type exposure.
- Sanitation is an important issue with these gloves and proper food safety handling and approval is required.
- Do not use gloves around moving machine parts that can catch and create a pull-in hazard.
Use the Proper Knife

- There are many types and sizes of knives.
- Using the proper knife depends on the work to be performed.
Safe Cutting

Cutting:

- Keep hand and fingers out of path of travel.
- Cut away from the body keeping thumb out of the cutting line.

Bad Position

Good Position

Note - cut glove missing
Safe Storage:

- When using knives, keep them at least 6 inches back from the counter edge and on their side (never blade up).
- When not in use, store them in designated storage rack that prevents access.
- Keep knives secured, and only allow use for trained and authorized staff.
Always be safe:

- Allow only experienced, trained staff to sharpen knives and other sharp items.
  - This is done correctly by keeping the thumb beneath the knuckle guard rim on the handle of the sharpener, rather than on top of the rim where it may get cut.

- Keep knives sharp and in good condition. Dull knives tend to slip and may cause injuries.
  - Report when knives need sharpening and when they are newly sharpened.

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

<table>
<thead>
<tr>
<th>Organization:</th>
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<tbody>
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<td>Trainer:</td>
<td>Trainer's Signature:</td>
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<td>Class Participants:</td>
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Remember to load your completed trainings into the Risk Management Center.