Employee Safety Committee Agenda
Month/Year February 20__

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. Safety Data Sheets
   b. Monthly PPE Audit
   c. Monthly 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:

________________________________________

________________________________________

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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:

____________________________________________________________________
____________________________________________________________________
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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)
Personal Protective Equipment Audit

**AGEIA HEALTH SERVICES**

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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<tbody>
<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.
### Hazardous Chemicals Audit

**COMMUNITY:**

<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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**DATE:**

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Note: Outdated hazardous chemical lists are to be archived in permanent safety records.
What are Safety Data Sheets (SDSs)?

Safety Data Sheets are written or printed materials with information about hazardous chemicals. These documents are provided by the manufacturer or importer of the chemical. They include what chemicals are in a product, the physical and health hazards of those chemicals and what steps must be taken to prevent adverse effects when using the product.

Safety Data Sheets and the Hazard Communication Standard: The Hazard Communication Standard requires a written hazard communication program to be in place. This written program requires:

- SDSs to be obtained and accessible for all chemicals used in the workplace.
- A chemical inventory list.
- Training for all employees to assure they know:
  - How to read and understand the SDSs.
  - The health and physical hazards of the materials they could be exposed to.
  - The proper controls to safely handle the chemicals used.

The contents of a SDS:

When a chemical manufacturer or importer prepares a SDS, it must have 16 headings or sections as outlined below. These sections correspond with the international requirements established by the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The standardized format provides uniformity around the world.

Listed are the 16 sections with a brief description of what is required in each section:

- **Section 1: Identification**
  - Product identifier, recommended use, restrictions of use and contact information of the manufacturer.

- **Section 2: Hazard identification**
  - Pictograms, hazard statements, signal words and precautionary statements.

- **Section 3: Composition**
  - Ingredients, chemical name, common name, and Chemical Abstract System (CAS) number.

- **Section 4: First aid measures**
  - Description of necessary measures specific to the method of exposure.
Safety Data Sheets

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: __________

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Name: ___________________________ Signature: _______________ Date: __________

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