Employee Safety Committee Agenda
Month/Year January 20__

Company Name: ________________________________

Location: ________________________________

Employee Safety Committee Agenda for ___________ ________, 20________

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. Safe Behaviors – Slip, Trip & Fall Prevention
   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)

________________________________________________

________________________________________________

________________________________________________

________________________________________________

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)
Personal Protective Equipment Audit

Inspect the following areas each month 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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<td>Soiled Utility Room</td>
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<td>Laundry Room</td>
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<td>Dietary</td>
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<tr>
<td>Maintenance Shop</td>
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</tbody>
</table>

CORRECTIVE ACTIONS:
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed forms are to be provided to the Safety Committee for evaluation each month.
## Hazardous Chemicals Audit

<table>
<thead>
<tr>
<th>COMMUNITY:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL NAME</td>
<td>MANUFACTURER</td>
</tr>
</tbody>
</table>

Note: Outdated hazardous chemical lists are to be archived in permanent safety records
Safe Behaviors

Objective: To promote safe behaviors that can prevent slips, trips, and falls

Slips, trips, and falls are a common type of accident in general industry. While management has a responsibility to make workplaces as safe as possible, employees also have a responsibility to report any hazards they find and to follow safe work practices to minimize risk.

- Follow the slip, trip, and fall prevention plan.
- Complete all relevant training: know the hazards in your workplace and what PPE is required.
- Report any hazards you see.
- Clean up obstacles and clutter, and immediately clean up spills.
- Wear slip-resistant shoes.
- Do not run in the workplace: walk.
- Watch your step, paying attention to hazards and warnings, such as “wet floor” signs. Do not use your cell phone while walking or using stairs.
- Follow safe practices when carrying objects: large or unwieldy loads may impair your vision or be distracting.
- Follow safe practices when using ladders or working around edges.

Physical Factors

- Be aware of your physical condition: you are more likely to have an accident if you are fatigued, sleepy, or sick.
- If you take medication, be aware of its effects and assure that you are safe to work.
- You can minimize your risk of fall-related injuries by exercising regularly and eating a diet rich in vitamin D and calcium.
- Corrective lenses may be necessary for impaired vision. Wear them if necessary, but be sure to also follow any eye protection requirements.

*If you work in an area with many hazards, it is especially important to pay attention, to avoid being distracted, and to not rush.*
Safe Behaviors

*Remember to document attendance in the Training Track application of the Risk Management Center.*