Employee Safety Committee Agenda

Month/Year July 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. Incident Investigation
   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

________________________________________________

________________________________________________

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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)
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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<tr>
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<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
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<td>Medication Carts</td>
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<td>Housekeeping Carts</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

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<th>CHEMICAL NAME</th>
<th>MANUFACTURER</th>
<th>LOCATION USED AT</th>
<th>PPE NEEDED</th>
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**Note:** Outdated hazardous chemical lists are to be archived in permanent safety records.
Investigation for prevention:

Injuries must be thoroughly understood in an effort to prevent repeat occurrences. Incident investigations are so important that both management and the Safety Committee must be involved. The investigation pinpoints the causes of an incident and also provides an accurate analysis of the steps that must be taken to prevent a recurrence. After the investigation, all missing safeguards or corrective measures must be put into place.

An Investigation Team must be established and prepared before an incident happens, so that it will be ready to respond when the need occurs. Investigation Team members will change periodically, but the ideal team will include the following:

- A worker from the area where the incident occurred.
- A supervisor from a work area not involved in the incident.
- A maintenance supervisor who understands equipment or processes associated with the incident.
- The Safety Supervisor.
- A Safety Committee representative.

There are five steps to an effective incident investigation:

- **Gather information:** The Investigation Team learns the facts about the incident and interviews witnesses and others involved. The Incident Investigation Form is used to document the facts and organize the information.

- **Analyze facts:** The Investigation Team identifies the incident’s causes and contributing factors and determines how the incident could have been prevented.

- **Report findings:** The Investigation Team prepares a written report that describes who was involved, where the incident occurred, when it happened, and what caused it. The report recommends what can be done to prevent the incident from happening again.

- **Act on recommendations:** Management reviews the report and determines how to prevent the incident from happening again. A modification to a Safety policy, procedure, or program needs to be developed and implemented to prevent future recurrences. This assures proper corrective action is taken.

- **Follow up:** The Safety Supervisor, Safety Committee and Investigation Team follows up to ensure that appropriate corrective action was taken to prevent the incident from happening again.
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.