Employee Safety Committee Agenda
Month/Year September 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. Chemical Labels
   b. Monthly PPE Audit
   c. Monthly Hazardous Chemicals Audit
   d. Safety Committee Quarterly Inspection
   e. Committee Members and non-members concerns
   f.

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)
Personal Protective Equipment Audit

AGEIA
HEALTH SERVICES

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>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Stations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Carts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping Carts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiled Utility Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CORRECTIVE ACTIONS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

**Community:**

**Date:**

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Outdated hazardous chemical lists are to be archived in permanent safety records.
SAFETY COMMITTEE QUARTERLY INSPECTION FORM

SAFETY COMMITTEE IS TO PERFORM AN INSPECTION ONCE PER QUARTER DURING THESE MONTHS: QTR 1: MARCH QTR 2: JUNE QTR 3: SEPTEMBER QTR 4: DECEMBER

Community: ____________________________ Date: ____________________________

Notify Administrator/Maintenance/Appropriate Department on all "NO" answers for correction.

Parking Lot/Perimeter of Building
Sidewalks are in good condition ............................................................ Yes No
Landscaping is trimmed & does not create a slip/trip/fall hazard ................ Yes No
Parking lot is in good condition & free of potholes ................................ Yes No
Hoses used for watering are not stretched across walkways.................... Yes No
Area outside Exit doors is free of debris and allows for easy egress .......... Yes No
Signs/awnings/building/roofing is in good condition .............................. Yes No

Lobby/Front Entry
Power-assisted doors are in good working condition............................. Yes No
Mats & wet floor cones are available for non-carpeted areas .................... Yes No
Floor coverings are in good repair ....................................................... Yes No
Furniture is in good repair..................................................................... Yes No
Proper receptacles are available & used to extinguish smoking materials.. Yes No

Reception Area/Offices
Floor coverings are in good repair ....................................................... Yes No
MSDS book is available and updated .................................................... Yes No
Desks and chairs are in good repair ..................................................... Yes No
Area is free of clutter and tripping hazards ........................................... Yes No

Halls/Living Areas
Floor coverings are in good repair ....................................................... Yes No
Handrails are firmly attached to the walls & in good repair ..................... Yes No
Smoking & No Smoking areas are clearly posted & observed ................. Yes No
Housekeeping carts, when in use, are kept on one side of the hall to keep the hall clear Yes No
"Wet Floor" signs are appropriately placed when floors are wet or being mopped Yes No
Hallways are free of clutter and tripping hazards .................................. Yes No

Public Restrooms
Floors are free of water and other slip/trip & fall hazards ...................... Yes No
Good housekeeping & free of debris .................................................... Yes No
Grab bars are properly secured ............................................................ Yes No
Lighting is adequate............................................................................ Yes No
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 Ansl system cover all cooking equipment .......................... □ Yes □ No
Ansl System above cooking equipment is serviced every six months .................. □ Yes □ No
Ansl 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 ¼” 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Hazardous chemicals must have labels that list information about the hazards of the chemical, proper handling and what to do in the event of an emergency. As part of the hazard communication standard, labels on chemical containers from manufacturers and secondary transfer containers must have specified information. This information includes supplier information, product identifiers, pictograms, signal words, hazard statements and precautionary statements.

**Supplier identification:** The supplier of the hazardous chemical must include the following information on each label:
- The manufacturer name
- The manufacturer address
- A contact phone number for the manufacturer

**Product identifiers:** Each hazardous chemical must have a unique product identifier.
- It must be the same as the identifier listed in Section 1 of the safety data sheet (SDS) and in the hazardous chemical inventory.
- It must have the same chemical identity and additional identifiers based on international standards, such as International Standards Organization (ISO) or Chemical Abstract Service (CAS) number.
- The chemical identifier for each component of a mixture must be included.

**Pictograms:** These are graphic images that have been standardized under the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
- They are determined by the hazard class and category.
- A different pictogram appears for each hazard class.
- Pictograms are required to have an image inside a red border with a white background in the shape of a diamond standing on its point.
- Transport pictograms may have colors as noted under the UN Recommendations on the Transport of Dangerous Goods, Model Regulations but will have the same image and shape.

**Signal words:** Signal words are either “Warning” or “Danger”.
- They indicate the severity of the hazard.
- Only one of the signal words can appear on the label.
- “Danger” indicates a more severe hazard than “Warning”.
Chemical Labels

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:__________

Name:______________________ Signature:____________________ Date:__________

Name:______________________ Signature:____________________ Date:__________

Name:______________________ Signature:____________________ Date:__________

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.