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)
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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)