Safety Committee Meeting Minutes

Site: __________ Building: __________ Date: ______

Elected Members Present: ____________________________________
____________________________________________________________________________

Appointed Members Present: __________________________________
____________________________________________________________________________

Absent Members: ____________________________________________

Review minutes of last meeting.                              Approved? □ Yes □ No

Corrections and/or additions to the minutes: _____________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

1. Unfinished business from last meeting: _____________________
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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. List all safety hazards or health-related concerns reported since the last meeting: _____________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
3. Review all employee accidents reported since the last meeting. Was the unsafe action or condition identified and corrected? A copy of the supervisor’s report is to be reviewed by the Safety Committee.

4. Review accidents reported since the last meeting. Was the unsafe action or condition identified and corrected?

5. Is our Accident (and occupational illness) Prevention Program working? What improvements would you suggest? ________________

6. What other safety-related topics did you cover in this meeting?

Date & time of next meeting: ________________________________
Location of next meeting: ________________________________
Minutes prepared by: ________________________________
Committee Chairperson: ________________________________