

APPENDIX D-2

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: _____

2. List all safety hazards or health-related concerns reported since
the last meeting: _____

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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: _____