



# Safety committee agenda/minutes

Company name: \_\_\_\_\_

Division/department: \_\_\_\_\_ Date and time: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Members present: \_\_\_\_\_ Members absent: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

### Old business

Recommendations not completed; (use recommendation number) reason(s):

\_\_\_\_\_

\_\_\_\_\_

Recommendations completed:

\_\_\_\_\_

\_\_\_\_\_

### New business

Review of inspections; safety and health training; new recommendations (number using year and sequential numbers: 91-4, 91-5, etc.):

\_\_\_\_\_

\_\_\_\_\_

Safety/health suggestions submitted:

\_\_\_\_\_

\_\_\_\_\_

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## Summary of current losses (review by injury/accident type, department, etc.)

The following incidents which occurred since the last meeting were discussed:

Date of injury/illness	Causes/description	Recommendation/action taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Progress report (activities/results since last meeting):

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## Other committee remarks (reminders on safety/health items not requiring recommendations):

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Next meeting: \_\_\_\_\_  
Date
Time
Place

Present meeting adjourned: \_\_\_\_\_  
Time

**Maintain on file for three years**  
**Post on employee bulletin board(s)**  
**Copies to safety committee; management**