



SAFETY MEETING MINUTES

The record for this safety meeting must be kept for one year.

<input type="checkbox"/> Review accident/near miss reports to determine if causes were identified and corrected

Meeting date:	Meeting start time:	Meeting end time:
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<input type="checkbox"/> Suggested updates to our Accident Prevention Program

<input type="checkbox"/> Other

To Do List:	Assigned to:	Due:
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Minutes written by		Meeting leader (signature) <i>Lisa Beach</i>
Date next meeting	Start time	Location

<input type="checkbox"/> Additional attendance, members absent, guests (from front) or other notes:
