



# SAFETY MEETING MINUTES

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

Employer					
Worksite location					
Meeting date:		Meeting start time:		Meeting end time:	
Attendance (M)anagement (E)mLOYEE			M		M
			E		E
<i>Examples:</i>	John Smith	M			M
	Mary Brown	E			E
		M			M
		E			E
		M			M
		E			E
		M			M
		E			E

**Agenda:**

Review minutes of our previous meeting dated / / for corrections/approval .

Progress report on last meeting's "ToDo" list:

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Discuss hazards, concerns, self-inspections, other inspections, etc., since our last meeting.

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<input type="checkbox"/> Review accident/near miss reports to determine if causes were identified and corrected
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Meeting date:	Meeting start time:	Meeting end time:
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<input type="checkbox"/> Suggested updates to our Accident Prevention Program
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<input type="checkbox"/> Other
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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:
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