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**Safety Committee Meeting Minutes**

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| Company name: | | | |
| Meeting date: | Time: | | Place: |
| Division/department: | | | |
| Chairperson: | | | |
| Membership present: | | Members absent: | |
| **Old business - Action items completed** (List action item number and date completed.) | | | |
| **Action items not completed** (List action item number and update status, including target date and any changes to person(s) assigned.) | | | |
| **New business** (List incidents, near misses, inspections, and safety training. Include date, description, contributing factors, prevention strategies, and actions taken.) | | | |
| **New action items** (Include person(s) assigned and target date. Number using year and sequential list. For example: 2015-1, 2015-2.) | | | |
| **Other committee remarks** | | | |
| Next meeting date: | Time: | | Place: |
| Prepared by: | | Date: | |

Keep in file for three years. Post on employee bulletin board(s). Copy safety committee and management.