**Safety Committee Meeting Minutes**

**[Facility, address]**

**The co-chairs will arrange for the distribution of these minutes to all areas represented by this committee and to committee members.**

Meeting place:

Meeting date:

Time:

Management members present:

Employee members present:

Administrative support staff:

**Discussion**

The following actions were recommended by the committee.



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Action** |  | **Issue** |  | **Action** |  | **Follow-up** |  |
| **No.** |  |  |  |  |  |  |  |
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Date of next meeting:

Submitted by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_