

Safety Meeting Notes

Date: _____

Safety Committee Chairperson	Safety Committee Members
Note Taker	Timekeeper

Attendees: _____

(Write additional names on back)

DISCUSSIONS

Safety Concerns:	
Recommendations & Preventive Actions to be taken	
Name of person who will follow up	
Implementation Date(s)	

Recent Accidents:	
Causes	
Recommendations & Preventive Actions to be taken	
Name of person who will follow up	
Implementation Date(s)	

Other (# days accident free) _____
