

SAFETY MEETING MINUTES

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

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Employer			
Worksite location			
Meeting date:	Meeting start time:	Meeting end time:	
Attendance			
(M)anagement (E)mployee		<u>M</u>	<u>M</u>
		E	E
Examples: John Smith Mary Brown	hith M	М	M
	own E	E	E
	M	M	M
	E	Е	E
	М	Μ	Μ
	Е	E	E
	M	<u>M</u>	M
	E	Е	Ε
Discuss hazards, concerns, self-	nspections, other inspections, etc., since ou	r last meeting.	



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Meeting end time:

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Review accident/near miss reports to determine if causes were identified and corrected

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Meeting date:

Meeting start time:

Suggested updates to our Accident Prevention Program

Other

To Do List:

Assigned to:

Due:

Minutes written by Meeting leader (signature) Lisa Beach Date next meeting Start time Location Additional attendance, members absent, guests (from front) or other notes: