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| **SAMPLE #1 - HEALTH & SAFETY COMMITTEE MEETING MINUTES**  |
| **Location:**  |  | **Date:**  |  | **Meeting Time:**  |  |
| **Employer Co-Chair:**  |  | **Signature:**  |  |
| **Worker Co-Chair:**  |  | **Signature:**  |  |
| **Employer Representatives:**  | **Signature:**  | **Worker Representatives.**  | **Signature:**  |
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|  |  |  |  |
| **No.**  | **Completed Items From Previous Meeting**  | **Completed By**  | **Completion Date**  |
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|  |  |  |  |
| **No.**  | **Org.**  | **Concern/Discussion**  | **Recommendation**  | **Assigned To**  | **Target Date**  |
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| ***These minutes are considered to be the correct interpretation of items discussed. Any errors or omissions must be identified in writing within 7 days of publication or at the next scheduled meeting; otherwise the minutes will be accepted and adopted as written.***  |
| **Employer Co-Chair:**  |  | **Signature:**  |  |
| **Worker Co-Chairperson:**  |  | **Signature:**  |  |
| **Next Meeting Date:**  |  | **Time:**  |  | **Location:**  |  |

