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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:** | |  | | |

