

Health and Safety Committee Meeting Agenda

1. Meeting Details

Meeting Date: _____

Meeting Time: _____

Meeting Location: _____

2. Required Attending Members:

Chairpersons: _____

Name (to be left blank for this exercise, or names can be made up)	Area represented

3. Adoption of Previous Minutes

4. Items from Previous Minutes

Outstanding Items

Completed Items

5. Monthly Work site Safety Inspections Review

6. OHS Inspections

7. Safety Concerns & Recommendations

8. Safety Training and Education

9. Incident Review

10. New Committee Business

11. Adjournment

12. Next Meeting:

Date: _____ 20_____

Time: _____

Location: _____

Please submit any additional agenda items 1 week prior to the scheduled meeting.

If you cannot be in attendance contact the undersigned at least 48 hours prior to the meeting.

Chairperson: _____

Date: _____