



SAFETY MEETING MINUTES

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

<input type="checkbox"/> Review accident/near miss reports to determine if causes were identified and corrected
Meeting date: _____ Meeting start time: _____ Meeting end time: _____

Suggested updates to our Accident Prevention Program

Other

To Do List:	Assigned to:	Due:

Minutes written by _____		Meeting leader (signature) <i>Lisa Beach</i>
Date next meeting	Start time	Location

Additional attendance, members absent, guests (from front) or other notes:
