

SAFETY MEETING MINUTES

COMMITTEE: () CENTRAL: () DEPARTMENT:	DATE: TIME:
---	--------------------

CHAIRMAN:	SECRETARY:	DATE OF NEXT MEETING:

Committee Members and Guests:	Position / Title:

OLD BUSINESS:

NEW BUSINESS:

RECOMMENDATIONS:

ACCIDENTS AND ILLNESSES:

CORRECTIVE ACTION RECOMMENDED:

Approved by:	Title:	Date:
--------------	--------	-------