# Safety Committee Meeting Minutes

**[Facility, address]**

**The co-chairs will arrange for the distribution of these minutes to all areas represented by this committee and to committee members.**

Meeting place:

Meeting date: Time:

Management members present:

Employee members present:

Administrative support staff:

### Discussion

The following actions were recommended by the committee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Issue** | **Action** | **Follow-up** |
|  |  |  |  |
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|  |  |  |  |

Date of next meeting:

Submitted by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_