



MONTHLY/QUARTERLY SAFETY COMMITTEE MINUTES

Facility/Office/Section

Date of Meeting

Name	Title	Phone#	Work Unit/Area/Office/WTR Site	Present (✓)	Absent (✓)
Chairperson (Elected Term ending):				<input type="checkbox"/>	<input type="checkbox"/>
Secretary/Scribe				<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE-ELECTED MEMBERS					
				<input type="checkbox"/>	<input type="checkbox"/>
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EMPLOYER-SELECTED MEMBERS					
				<input type="checkbox"/>	<input type="checkbox"/>
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GUESTS					
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



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Time meeting called to order: _____ Approval of minutes from last meeting: _____

OLD BUSINESS:

NEW BUSINESS:

REVIEW OF HAZARD REPORTS: (Findings and recommendation)

DATE	HAZARD/DEFICIENCY REPORTED	ACTION TAKEN	ASSIGNED TO	COMPLETION DATE

REVIEW OF SAFETY AND SANITATION INSPECTIONS:

(Findings and recommendations)

DATE	HAZARD/DEFICIENCY REPORTED	ACTION TAKEN	ASSIGNED TO	COMPLETION DATE

REVIEW OF SAFETY WORK ORDERS: (Findings and recommendations) (Copy and Paste from Micro Main)

REVIEW ACCIDENT/INJURY REPORTS: (Determine if cause is identified and corrected)



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RECOMMENDATIONS FOR IMPROVEMENTS TO THE SAFETY PROGRAM

Next Scheduled Meeting Date/Time: _____ Time meeting adjourned: _____

Minutes prepared by _____

Chairperson/designee _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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