CORRECTIONAL INDUSTRIES SAFETY MEETING MINUTES

Facility/office/section: _____ Meeting date: _____

Name	Title	Phone number	Work unit/ area/office/site	Present (✓)	Absent (✓)
Supervisor				☐	☐
Secretary/Scribe				☐	☐
EMPLOYEES					
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Name	DOC #	Signature		Name	DOC #	Signature

Name	DOC #	Signature		Name	DOC #	Signature

Approval of minutes from last meeting: _____

REVIEW OF INSPECTION/HAZARD REPORTS: (Findings and recommendation)

DATE	HAZARD/DEFICIENCY REPORTED	ACTION TAKEN	ASSIGNED TO	COMPLETION DATE

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

_____
_____
_____
_____

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

_____
_____
_____
_____

EVAULUATE WORKPLACE SAFETY PROGRAM AND DISCUSS RECOMMENDTIONS FOR IMPROVEMENT:

_____
_____
_____
_____

MONTHLY TAILGATE TRAINING TOPIC AND DESCRIPTION: (Attach to minutes)

_____
_____
_____
_____

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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COPY - CI Site Manager, HQ Safety Officer 2, Safety Bulletin Board posting, Others as identified, File