

# SAFETY COMMITTEE MEETING DOCUMENTATION

**NOTE: This form, meeting minutes, or a similar record must be completed for each Safety Committee meeting held.**

Department: _____
Meeting Date: _____ Meeting Chair: _____
Title: _____
Other Attendees: _____
<b>Attach any additional supporting documentation to this form.</b>

Issue Discussed: \_\_\_\_\_

Required Actions and Schedule: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Issue Discussed: \_\_\_\_\_

Required Actions and Schedule: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Issue Discussed: \_\_\_\_\_

Required Actions and Schedule: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Issue Discussed: \_\_\_\_\_

Required Actions and Schedule: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Completed copies of this form should be kept in department files for at least three years.

**For questions on any item, please contact your Department Safety Coordinator or call EH&S at 8-7422.**