

Health and Safety Committee Minutes

Date: _____ \ _____ \ _____

Location: _____

Call to Order: Yes <input type="checkbox"/> No <input type="checkbox"/>
Quorum: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approval of Minutes of Date: _____ \ _____ \ _____
By: _____

Chair _____
 Co-Chair _____

Employer	Worker	Present	Absent

Concern	Recommendation	By	Target Date	Comp.
Matters arising from previous minutes				
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
Inspection Report				
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
Incident Report				
Staff Concerns				
1.				<input type="checkbox"/>
New Business				
Next Meeting Date:				