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| **Occupational Health & Safety Committee Meeting*****Date******Time******Location*** |
| Agenda Item | Discussion / Decision | Responsible for Action |
| **Attendance**P – PresentR – RegretsT - Teleconference | Name |  (P, R, or T) |  |  |   |  |  |  |  |
| Name | (P, R, or T) |  |  |  |  |  |  |
| Name | (P, R, or T) |  |  |  |  |  |  |
| Etc… |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Recorder:**  |  |  |
| 1. **Welcome**
 |  |  |
| 1. **Approval/Additions to Agenda**
 | *(E.g. Agenda approved as circulated. )* |  |
| 1. **Review and Approval of Previous Minutes**
 | * A
* B
* C
* D
 | Action to be completed – Name of individual responsible |
| 1. **Review of Previous Action Items**
 | * Action Item – Status
* Next item
* Etc….
 | Same as above |
| 1. **Education**
 |  |  |
| 1. **Review of Workplace Inspections**
 |  |  |
| 1. **Review of Employee Events**
 |  |  |
| 1. **Muscolo-Skeletal Injury Prevention**
 |  |  |
| 1. **Safety-Related Training**
 |  |  |
| 1. **New Business Items**
 |  |  |
| 1. **Next Meeting Date**
 |  |  |