|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupational Health & Safety Committee Meeting**  ***Date***  ***Time***  ***Location*** | | | | | | | | | |
| Agenda Item | Discussion / Decision | | | | | | | | Responsible for Action |
| **Attendance**  P – Present  R – Regrets  T - 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** |  | | | | | | | |  |