

Safety Committee Meeting Minutes

Meeting Details

Meeting Date*: _____

Location: _____

Chairperson*: _____

Minute Taker*: _____

Attendance

Attendees:

Name	Department/Role	Present

Apologies: _____

Discussion & Actions

Discussion Summary / Agenda Notes:

Action Items:

Action Item	Responsible Person	Due Date	Status

Options for 'Status': Open, In Progress, Closed, Other

Next Meeting Date: _____

Sign-Off

Chairperson Signature*: _____ (Sign above)