

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: _____
Attach any additional supporting documentation to this form.

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

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Issue Discussed: _____

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Required Actions and Schedule: _____

Responsible Party: _____

IIPP - Form 2 Completed copies of this form must be maintained in Department files for at least one year.
Rev. 10/02/01

For questions on any item, please contact your Department Safety Coordinator or call EH&S at 642-3073.