

SAFETY MEETING REPORT AND AGENDA

ENVIRONMENTAL HEALTH AND SAFETY
WASHINGTON STATE UNIVERSITY
PULLMAN, WA 99164-1172
509-335-3041

See 2.12.

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| COMMITTEE NAME | | MEETING DATE |
| DEPARTMENT/UNIT NAME | | |
| CAMPUS ADDRESS | | MAIL CODE |
| SAFETY COMMITTEE CHAIR OR FOREMAN | E-MAIL ADDRESS | TELEPHONE NO. |
| NEXT MEETING—DATE/TIME/LOCATION (Note: Safety committees should meet at least six times per calendar year.) | | |

MEMBERS AND GUESTS (Underscore management representatives. Indicate new members and/or new chair with an asterisk* next to the name.)

| NAME | DEPT./UNIT/BUILDING | MEMBER (M)/ GUEST (G) | PRESENT | ABSENT |
|------|---------------------|--------------------------|---------|--------|
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AGENDA ITEMS (See S20.20 for detailed instructions. Contact EH&S for assistance with any agenda item. Attach additional sheets as needed.)

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| UNIVERSITY HEALTH AND SAFETY COMMITTEE MINUTES REVIEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, briefly discuss topics. To receive minutes, contact EH&S.) |
| SAFETY AND HEALTH TOPICS PROMOTED OR PUBLICIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the topic and how it was promoted or publicized.) |
| EMPLOYEE SAFETY CONCERNS, HAZARD REPORTS, SUGGESTIONS RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the concerns and the committee's recommendations.) |
| JOB PROCEDURES REVIEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the procedures evaluated and recommendations for improvements.) |
| INCIDENT REPORTS AND SUPERVISOR'S ACCIDENT INVESTIGATION REPORTS RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe recommendations made to prevent future incidents.) |

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Page 2 of 2

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| UNRESOLVED ISSUE ENCOUNTERED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If Yes, describe the issue and to whom it has been referred.) |
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| ACCIDENT PREVENTION OR OTHER APPLICABLE SAFETY AND HEALTH PROGRAM EVALUATED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If Yes, describe the program evaluated and recommendations to the unit administrator for improvements.) |
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| SELF-INSPECTIONS PERFORMED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If Yes, attach completed Safety Inspection Checklist; see S20.50. One inspection per year is required.) |
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PROJECTS, GOALS, AND OTHER ITEMS for calendar year (optional category) -- Safety committees in coordination with unit supervisors may select projects based on unit activities, potential hazards, accident history, and University policy requirements.

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT(S), GOAL(S), OR OTHER ITEM(S), PROGRESS, AND COMPLETION DATE. (Attach additional sheets as needed.)

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|-------------------------------|------------------------------------|------|
| SUBMITTED BY NAME | SUBMITTED BY SIGNATURE | DATE |
| | | |
| ADMINISTRATOR/SUPERVISOR NAME | ADMINISTRATOR/SUPERVISOR SIGNATURE | DATE |
| | | |

**Route to Environmental Health and Safety (EH&S); mail code 1172; or fax 509-335-4442.
Route copies to the unit administrator and the safety committee or foreman-crew members.**

Post a copy on the unit safety bulletin board.