

SAFETY AGENDA

Committee Name: _____ Meeting Date: _____

Department Name: _____ Meeting Time: _____

Address: _____ Telephone No: _____

Safety Committee Chairman: _____

Members and Guests:

Name	Department	Member/Guest	Present/Absent	Signature

Agenda Items:

University Health and Safety Committee Minutes Reviewed	
Safety and Health Topics Promoted or Publicized	
Employee Safety Concerns, Hazards Reports	
Incident Reports and Supervisors Accident Investigation Reports	
Accident Prevention or Other Applicable Safety	
Note	