

SAFETY MEETING REPORT AND AGENDA

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

See 2.12.

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

AGENDA ITEMS (See S20.20 for detailed instructions. Contact EH&S for assistance with any agenda item. Attach additional sheets as needed.)

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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UNRESOLVED ISSUE ENCOUNTERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, describe the issue and to whom it has been referred.)
ACCIDENT PREVENTION OR OTHER APPLICABLE SAFETY AND HEALTH PROGRAM EVALUATED? (If Yes, describe the program evaluated and recommendations to the unit administrator for improvements.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.)

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.)

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.