

Environmental Health Safety and Insurance

Departmental/Divisional Safety Committee Meeting Documentation

NOTE: This form, meeting minutes, or a similar record must be completed for each Departmental/Divisional 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: _____

Completed copies of this form must be maintained in Department files for at least one year.

For questions on any item, please contact your Departmental/Divisional Safety Coordinator or call EHS and Insurance Office 223-1015.