



Safety Meeting Monthly Minutes

Company Name: _____

Date: _____ Time: _____ Place: _____

Topic: _____

Speaker: _____

Old Business

Issue Number	Issues that have been corrected since last meeting:	Date Corrected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New Business

Issue Number	Employee Safety Issues/Suggestions:	Date Corrected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Issue Number	Accident or Near Miss Review:	Date Corrected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Safety Training

Issue Number	Topic(s) Covered:	Date Corrected
_____	_____	_____
_____	_____	_____

Issue Number	Notes on Training/Follow Up:	Date Corrected
_____	_____	_____
_____	_____	_____
_____	_____	_____



Safety Meeting Monthly Minutes

Attendance Roster

PRINTED NAME	SIGNATURE