



## Safety Meeting Monthly Minutes

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____

