**Health & Safety Meeting Minutes**

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| --- | --- | --- | --- |
| **Date:** |  | **Time:** |  |
| **Location:** |  | **Chairperson:** |  |
| **Recorder/Secretary:** |  | | |

**1. Attendance**

|  |  |  |
| --- | --- | --- |
| **Present** | **Absent** | **Guests/Trainers** |
|  |  |  |
|  |  |  |
|  |  |  |

**2. Agenda**

1. Review of previous meeting minutes
2. Incident/accident reports
3. Workplace inspections & safety audits
4. Safety training & compliance updates
5. Risk assessments & hazard control measures
6. Emergency preparedness & drills
7. Employee health and wellness initiatives
8. Any other business (AOB)

**3. Review of Previous Minutes**

* Summary of action items from last meeting:
  + [Action item 1] – Status/Update
  + [Action item 2] – Status/Update

**4. Incident/Accident Reports**

* Number of incidents reported since last meeting: \_\_\_\_\_\_\_\_
* Summary of each case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Corrective actions taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Workplace Inspections & Safety Audits**

* Recent inspections conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Key findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Safety Training & Compliance Updates**

* Training sessions conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Upcoming sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Compliance status with regulations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Risk Assessments & Hazard Control**

* New hazards identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Control measures implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Follow-up actions required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Emergency Preparedness**

* Fire drills/emergency exercises conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Observations & improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Updates to emergency plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Employee Health & Wellness**

* Wellness programs/initiatives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Health screenings or support services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Feedback from employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Any Other Business (AOB)**

**11. Action Items & Responsibilities**

| **Action Item** | **Responsible Person** | **Deadline** | **Status** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**12. Next Meeting**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chairperson Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_