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| Attendee Name Here | ✓ | Attendee Name Here | ✓ | Attendee Name Here | ✓ |
| Attendee Name Here | x | Attendee Name Here | x | Attendee Name Here | x |
| Attendee Name Here | ✓ | Attendee Name Here | ✓ | Attendee Name Here | ✓ |

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| **Item** | **Minutes** | **Action** |
|  | **Chair** – Name Here |  |
| **1** | **Additions to Agenda/Approval of Agenda**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. |  |
| **2** | **Review of previous minutes and action items**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here.  *Use the “Action Items Outstanding” table for tracking outstanding action items.* |  |
| **3** | **Safety moment**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here.  *Safety moment or topic presented by employee.* |  |
| **4** | **Health and Safety Topics / Concerns**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here.  *Open forum / round table for discussion of health and safety topics (safe procedures, etc.) and for opportunity for employees to bring health and safety concerns and suggestions forward for discussion.* |  |
| **5** | **Review of incident investigations**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here.  *Share results of incident investigations including lessons learned and corrective actions taken to prevent future incidents. NO personal or medical information should be disclosed. Use the “Departmental Incident Review” table for tracking.* |  |
| **6** | **Review of workplace inspections**  Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here. Text here.  *Discuss results of recent safety inspections, actions taken to correct deficiencies and assign responsibilities for eliminating or controlling identified hazards. Refer/use “Workplace Inspection” table for tracking.* |  |

**Next Meeting Date –** Month XX, 2016 at xx.xx am/pm, Room XXX

**Next Meeting Safety Moment Presenter –** Name Here

| **Action Items Outstanding** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Meeting date** | **Action Item #** | **Assigned to** | **Description** | **Action taken** | **Completion date** |
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| **Departmental Incident Review** | | | | | | |
| **Date of incident** | **OARS tracking #** | **Description** | **Causes (immediate and root causes)** | **Corrective actions** | **Person responsible** | **Completion date** |
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| **Workplace Inspection** | | | | | | |
| **Date of inspection** | **Type and location of inspection** | **Inspection completed by** | **Deficiencies** | **Corrective actions** | **Person responsible** | **Completion date** |
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Meeting minutes are to be retained in the [OHSMS Department Manual](http://www.ucalgary.ca/safety/organizationalcommitment) under *Health & Safety Committee and Records* for a minimum of 3 years.