

SAFETY MEETING AGENDA FOR

MEETING DETAILS

Date: _____ Time: _____ AM PM Recurring: Yes No

Location: _____ Dial-in Number or URL (if any): _____

Meeting Lead: _____ Other Speakers: _____

ATTENDANCE

Attendees: _____

Absentees: _____

ITEMS & DISCUSSION

___ 1ST ITEM: **OPENING & ROLL CALL**

min

DISCUSSION: _____

___ 2ND ITEM: **ADDRESS SAFETY TOPIC(S)**

min

DISCUSSION: _____

___ 3RD ITEM: **ROUND-ROBIN FOR QUESTIONS / CONCERNS**

min

DISCUSSION: _____

___ 4TH ITEM: **RESOLUTIONS**

min

DISCUSSION: _____

___ 5TH ITEM: **CONCLUSION**

min

DISCUSSION: _____

