

# SAFETY MEETING REPORT AND AGENDA

ENVIRONMENTAL HEALTH AND SAFETY  
 WASHINGTON STATE UNIVERSITY  
 PULLMAN, WA 99164-1172  
 509-335-3041

## Draft #4

COMMITTEE NAME		MEETING DATE
DEPARTMENT/UNIT NAME		
CAMPUS ADDRESS		MAIL CODE
SAFETY COMMITTEE CHAIR OR FOREMAN	E-MAIL ADDRESS	TELEPHONE NO.
NEXT MEETING—DATE/TIME/LOCATION (Note: Safety committees should meet at least six times per calendar year.)		

**MEMBERS AND GUESTS** (Underscore management representatives. Indicate new members and/or new chair with an asterisk\* next to the name.)

NAME	DEPT./UNIT/BUILDING	MEMBER (M)/ GUEST (G)	PRESENT	ABSENT

**AGENDA ITEMS** (See S20.20 for detailed instructions. Contact EH&S for assistance with any agenda item. Attach additional sheets as needed.)

UNIVERSITY HEALTH AND SAFETY COMMITTEE MINUTES REVIEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, briefly discuss topics. To receive minutes, contact EH&S.)
SAFETY AND HEALTH TOPICS PROMOTED OR PUBLICIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the topic and how it was promoted or publicized.)
EMPLOYEE SAFETY CONCERNS, HAZARD REPORTS, SUGGESTIONS RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the concerns and the committee's recommendations.)
JOB PROCEDURES REVIEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the procedures evaluated and recommendations for improvements.)
INCIDENT REPORTS AND SUPERVISOR'S ACCIDENT INVESTIGATION REPORTS RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe recommendations made to prevent future incidents.)

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UNRESOLVED ISSUE ENCOUNTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, describe the issue and to whom it has been referred.)
ACCIDENT PREVENTION OR OTHER APPLICABLE SAFETY AND HEALTH PROGRAM EVALUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, describe the program evaluated and recommendations to the unit administrator for improvements.)
SELF-INSPECTIONS PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, attach completed Safety Inspection Checklist; see S20.50. One inspection per year is required.)

**PROJECTS, GOALS, AND OTHER ITEMS** for calendar year (optional category) -- Safety committees in coordination with unit supervisors may select projects based on unit activities, potential hazards, accident history, and University policy requirements.

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT(S), GOAL(S), OR OTHER ITEM(S), PROGRESS, AND COMPLETION DATE. (Attach additional sheets as needed.)

SUBMITTED BY NAME	SUBMITTED BY SIGNATURE	DATE
ADMINISTRATOR/SUPERVISOR NAME	ADMINISTRATOR/SUPERVISOR SIGNATURE	DATE

**Route to Environmental Health and Safety (EH&S); mail code 1172; or fax 509-335-4442.**  
**Route copies to the unit administrator and the safety committee or foreman-crew members.**  
**Post a copy on the unit safety bulletin board.**