CLEAR FORM PRINT

SAFETY COMMITTEE MEMBERS FORM

- Safety Committee meetings shall be scheduled and conducted by the Committee Chairman:

  Name: _____ Job Title: _____

- Education and training needs of our organization will be identified and training conducted by:

  Name: _____ Job Title: _____

- Safety inspections within our organization will be conducted and documented by:

  Name: _____ Job Title: _____
  on a ☐ monthly OR ☐ quarterly basis.

- Investigations are required on all accidents, including those "near misses" not producing injuries. All accidents and "near misses" within our organization will be investigated and documented by:

  Name: _____ Job Title: _____

- Other Safety Committee members shall include:

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

  Name: _____ Job Title: _____

Safety meetings and safety training will be documented and records will be maintained and stored in _____
for a period of 24 months or as required by law or directives.

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