Health & Safety TEAM MEETING AGENDA and MINUTES

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| --- | --- |
| Current meeting details | |
| Date | |
| Attendees (initials) | |
| Start time |  |
| Minute Taker |  |
| Chair Person | |

|  |  |  |
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| Last meeting details | | |
| Date of last meeting |  |  |
| Last meeting minutes adopted Yes No | | |
| (comment if no) | | |
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|  | | |
| Outstanding items from last meeting | | |
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| Agenda *(insert discussion items below)* | | |
| 1. Health and safety |  |  |
| a] Near misses/hits, injuries, hazards where corrective action has been implemented | | |
|  | | |
|  | | |
| b] Near misses/hits, injuries, hazards where no corrective action has been undertaken | | |
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|  | | |
| c] Health and safety discussion item/s | | |
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| d) On site Assessments conducted: | | |

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| Any Other Business | | |
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| Close meeting |
| Time: |  |
| Items to be flagged for next meeting |  |
| **Next Meeting** |
| Time: |
| Date: |