SAFETY COMMITTEE AGENDA

Center: _____ **Meeting Date:** _____

I. ROLE IDENTIFICATION:
Chairperson:
Timekeeper:
Recorder:

II. OLD BUSINESS: Follow up from prior Meeting minutes and assignments

III. NEW BUSINESS

A. EMPLOYEE INCIDENTS & RESIDENT EVENTS:

1. Review most recent month:
- EE Incident Reports
- Investigations & Plans of Correction
- EE Incident Analysis Entries
- OSHA Log entries
- Blood/ Body Fluid Exposure Log

2. Analyze month/ year:
Total # Employee Incidents YTD ____
Total # Employee Incidents for Month ____
First Aid Only ____
Medical Only ____
Modified Duty ____
Lost Time ____

III. NEW BUSINESS (cont'.)

B. INJURED EMPLOYEE INCIDENT REVIEW

C. ORIENTATION & INSERVICES
1. Review inservices conducted in the month
2. Body Mechanics Training
a. New EEs
b. Retrained EEs

D. PROGRAM SELF-EVALUATIONS: (review annually)
1. Hazard Assessment/PPE
2. Hep B
3. Hazardous Communications
4. Lockout/Tagout
5. OSHA Periodic Inspection
6. Violence Prevention
7. TB
8. Regulated Medical Waste
9. Bloodborne Pathogen Exposure Control Plan
10. Emergency Response Manual
11. Injury Management
12. Confined Space
13. State Specific Programs (CA, NV, WA)
14. EE input –Engineering and Work Practice Controls

III. NEW BUSINESS (cont'.)

E. MONTHLY MAINTENANCE INSPECTIONS
(Insert Date Completed)
Fire Extinguishers _____
Eyewash Stations _____
Generator Test _____
Call Light System _____
Water Pressure _____
Fire/Disaster Drills _____
Other: _____

F. REVIEW SAFETY INCENTIVE PROGRAM

G. COMMUNICATE SAFETY RECOMMENDATIONS

H. SCHEDULE NEXT MEETING
DATE: TIME:

ATTENDANCE

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Executive Director's Review and Approval)