Appendix 9-B
Safety Committee Agenda

Date/Time: _____ Location: _____

Item #	Topic	Responsibility	Action Date
1.	Call to Order	Chairperson	
2.	Attendance / Guest Recognition	Chairperson	
3.	Previous Mtg. Minute Review	Chairperson	
4.	Injury Statistics Review	Chairperson / Members	
5.	Follow–up (Old Business)	Various	
	a.)		
	b.)		
	c.)		
	d.)		
6.	Sub Committee Reports	Various	
	a.)		
	b.)		
	c.)		
	d.)		
7.	New Business		
	a.)		
	b.)		
	c.)		
	d.)		
8.	Date, Time and Location of next meeting	Chairperson	