

Date: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

### Campus/Department Sub-Committee Meeting Minutes

Safety Topic of the Month: \_\_\_\_\_

Injury Report(s) for the Month:

Cause:

Accident Prevention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Work Order(s) Submitted:

Work Order # \_\_\_\_\_

Work Order #: \_\_\_\_\_

Work Order # \_\_\_\_\_

Work Order # \_\_\_\_\_

Work Order #: \_\_\_\_\_

Work Order # \_\_\_\_\_

Work Order # \_\_\_\_\_

Work Order #: \_\_\_\_\_

Work Order # \_\_\_\_\_

Employee Training (Planning and Implementing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Member Name

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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