

# Health and Safety Meeting Form



## 1. Meeting attendance: Each person to record their name & sign

Date: \_\_/\_\_/\_\_ Time: \_\_\_\_\_:

Name	Signature	Name	Signature	Name	Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## 2. Read previous minutes and actions from previous meeting: Are previous actions complete?

\_\_\_\_\_

## 3. Hazards and Controls: Review 'Site Specific' Hazard Report Form / Add any new hazards?

Describe the new hazard	Evaluate Risk Low / Medium / High	Eliminate, Isolate, Minimise	Describe what will be done to control this hazard (use additional lines as required)
_____	_____	_____	_____
_____	_____	_____	_____

## 4. Review Near Hits/Incidents: Transfer information to incident form (send copy to PF Olsen Ltd)

What happened?	To whom?	Date and time?	What caused it to happen?
_____	_____	__/__/__ __:__	_____

## 5. Training and Supervision update - are there any training needs? who is under supervision?

Training/Supervision need	Trainee name	Supervisor name	Assessment date	Training notes?	
_____	_____	_____	__/__/__	YES	NO
_____	_____	_____	__/__/__	YES	NO
_____	_____	_____	__/__/__	YES	NO

## 6. Audits and Inspections: Plant & Equipment – assign Audits and SBO's for coming month

SBO Type:	Auditor:	Auditee:	Any follow up action/training required?
_____	_____	_____	_____

## 7. Emergency Drill – practice & record 1 emergency drill every 6 months (chose a new scenario)

Warden name:	Date and time?	Notices in place?		Exit ways clear?		Correct parking?		Correct call in?	
_____	__/__/__ __:__	YES	NO	YES	NO	YES	NO	YES	NO
Did the Warden responded appropriately?		_____							
Was crew familiar evacuation procedure?		_____							
Equipment (Fire, First Aid) all OK?		_____							

## 8. Action completion record

Action:	By whom	By when	Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

