

Agenda #1

Company Name: _____

Location: _____

Safety Committee Agenda for January _____, 20____**Company Safety Policy:**

(Company/Location) believes safety is a cardinal responsibility and is committed to providing a safe workplace for all employees and has developed this agenda to integrate safety and health practices into the workplace. This will be accomplished through the cooperative efforts of managers, supervisors and employees to identify and eliminate hazards that may develop during our work process.

1. **Call to Order**
2. **Roll Call (members and nonmembers present)**
3. **Review Minutes of Previous Meeting (see attached)**
4. **Chairperson Report**
5. **Monthly Safety Training Topic**
 1. OSHA 300 Logs
6. **Committee Report:**
 1. Review of accident/incidents for current month
 2. Identification of corrective measures
 3. Implementation of corrective measures
7. **New Business**
 1. Disaster Planning (policy review)
 2. Deli (inspection)
8. **Next meeting date & time (to be determined at meeting)**
9. **Adjournment**

Safety Committee Minutes Form

Date: _____

Location: _____

Start Time: _____ am/pm (circle)

Roll Call (members and non-members present)

_____	_____
_____	_____
_____	_____
_____	_____

Review Minutes of Previous Meeting (see attached)

- Approved w/out amendment(s)
- Approved w/amendment(s) – describe amendment

Chairperson Report (briefly describe)

Monthly Safety Training Topic (briefly describe actual training covered)

Accident/Incident Review Committee Report

Unfinished Business

Inspections & Corrections

Inspections and Policy reviews due at next month's meetings

1.

2.

3.

New Business

Next meeting date & time (to be determined at meeting)

End Time: _____ am/pm (circle)

Use Safety Committee to Update Emergency plan

Sample Emergency Disaster Plan

[COMPANY NAME HERE] strives to provide a safe and secure work environment. In the event of an emergency, the following procedures will be followed in accordance with **WAC 296-24-55001 Part G-1**

1. Notification of Evacuation:

Authorized Personnel – any foreman, department supervisor, or other designated officer may call for an evacuation.

2. Notification of Emergency Services:

The person calling for the evacuation will immediately pull a fire alarm and call 911 to request emergency service of police, fire, and/or medical personnel as appropriate.

3. Method of Announcement:

[How are you going to notify employees; alarm, PA system, etc.]?

4. Evacuation Routes:

[Attach evacuation map and post throughout store].

5. Assembly:

[Where are employees to assemble parking-lot, North-East ally, etc.]?

6. Attendance:

A. A current roster will be kept in each department. It is the supervisors' responsibility to maintain this roster and have it with them during an emergency for attendance. A current visitor log will be kept at [Add location of attendance roster].

B. Upon completion of the evacuation each department supervisor will take attendance and report to the Emergency Action Plan Coordinator. Using the visitor log, the Emergency Action Plan Coordinator will account for all visitors. Missing employees and visitors will be identified to the appropriate emergency personnel by the Emergency Action Plan Coordinator.

7. Shut Down Procedures:

In the event of an emergency that requires immediate evacuation, employees should shut down their equipment and immediately evacuate the building.

8. Responsible Personnel:

[Add list of employees responsible for reporting to fire chief and employee head count here].

9. Moving Machinery and Personal Injury:

A. For basic injuries:

1. Provide first aid if necessary. If more than first aid is required, the supervisor will arrange for immediate transportation to:

[Name, Number, & Location of Local Hospital]

For major injuries:

1. Call 911 and request medical services

10. Natural Disaster Plans

A. Earthquake:

In the event of an earthquake the following steps must be followed:

1. Remain calm and walk not run.
2. Shut off gas and electrical connections.
3. Stand in an open doorway or crouch under a desk or table.
4. Use caution when standing in a doorway during an earthquake. Doors may swing violently during an earthquake. If possible, seek shelter in an opening that does not have a door in it.
5. After the earthquake has passed, employees must exit the building to their assembly point.
6. Outside the building employees should stand away from the building, telephone and electric lines, trees, trucks, and other equipment.
7. The Emergency Action Plan Coordinator and other qualified or designated individuals will check the building for safety. This includes: checking water, gas, sewage, and electrical lines for breaks or other damage.
8. Do not reenter the building until the all clear has been given.

B. Flooding

In the event of a flood the following steps must be followed:

1. Flood shields or sandbags should be placed at doors and other entrances, such as loading docks.
2. Shut off gas and electrical connections.
3. Close valves to any tanks.
4. Board windows.
5. Employees should evacuate to higher ground.
6. Do not reenter the building until the all clear has been given.

C. Natural Gas Leak

In the event of a natural gas leak from either the main line or at the storage facility the following steps must be followed:

1. Evacuate the facility per the instructions of the natural gas provider.
2. Do NOT shut equipment down unless specifically told to do so. Shutting down equipment may cause a spark or arc that could cause an explosion.
3. If an employee of [COMPANY NAME HERE] before discovers a natural gas leak before the natural gas provider alerts the area, call 911 and make a notification for evacuation over paging system. Specifically alert employees that it is a potential natural gas leak, and that no one is to turn off machinery, start his/her vehicle, or smoke until out of the danger area.

4. Follow instructions of emergency personnel regarding how far to evacuate.
5. When outside of the danger area, take attendance to confirm that all personnel have evacuated the building.
6. Do not attempt to reenter danger area until given the all clear from emergency personnel.

SAMPLE



INSPECTION REPORT

Area Inspected: Deli Date & Time Inspected: _____

Inspector(s): _____

Item Inspected	Correction Required?	Hazard Classification	Hazard Description	Corrective Action Recommended	Corrective Action Taken Date Completed
Guards in place and working on mixers, disposal and meat slicer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low	SAMPLE	LE	
Knives kept sharp and in secure and safe location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Lockout/tag out program in place for cleaning kitchen machines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Walking in freezer panic releases in good working order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			



Item Inspected	Correction Required?	Hazard Classification	Hazard Description	Corrective Action Recommended	Corrective Action Taken Date Completed
Walk-in freezer floor is free of ice, items are stored appropriately on shelves, and the walkways are clean and unobstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Personal protective equipment provided and used (oven mitts, aprons, hair nets, etc...).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Ducting clean from grease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Ducting protected with fire suppression equipment and inspected yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Grease traps emptied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Fire extinguishers inspected and ready	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			



Item Inspected	Correction Required?	Hazard Classification	Hazard Description	Corrective Action Recommended	Corrective Action Taken Date Completed
Material Safety Data Sheets are located in a clearly marked area AND employees know where to find them immediately	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Access to the eyewash station is clear from obstruction and the eyewash is in good working order	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Floors are clean, dry and free of obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Floor mats are used in wet or greasy areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Bulk food items are stored appropriately on shelves – heavier items on lower shelves and storage areas are clean and unobstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate High Low			