



## Safety Monthly Meeting Agenda

### INSTRUCTIONS:

1. Pick a time period for each month, when the majority of the facility staff can be and are required to be present and stick to this time schedule 'NO MATTER WHAT OTHER ACTIVITIES'.
  - a. It is suggested that an early time period is used and the possibility of donuts and coffee be administered to lighten the atmosphere, yet gather full attention.
  - b. An attendance roster needs to be kept for everyone attending along with minutes for the meeting. These minutes need to include suggestions and materials brought up by the employees.
2. This time period needs to be prompt starting and ending. It is suggested that the normal safety meeting should not exceed the 15-minute time period as learned during the orientation course.
  - a. Three 5-minute periods are included in each meeting:
    - i. 5-minutes for scheduled materials included in this monthly e-mail address,
    - ii. 5-minutes for the materials management wishes to include, and
    - iii. 5-minutes for the employees to voice their findings. This third period needs to be kept to strict guidelines and no dart throwing allowed (if problem areas are voiced, they are to include possible solutions).
  - b. Required materials by government regulations will be delivered in the monthly e-mail to assist in compliance measures.
3. Upon wrap-up of the meeting, employees' signatures are to be gathered directly on the meeting minutes sheet provided within this material and posted directly to SHEP-File #6 for documentation.
4. The 'Safety Equipment Checklists' should be distributed at the end of the safety meeting to the responsible personnel with instructions for completion in the following 45-minute period. These sheets also are required in the same file for documentation.



# Monthly Safety Meeting Topics

## June 2005 – Incident Facts

### Client Incident Facts – Jan to Present Date:

- Step 1:** Review incident report information listed below with your staff. It represents the incidents for our clients to date in your geographic area.
- Step 2:** Allow time for you and your personnel to review any incidents that may have occurred within your facility including near misses thus far this season and how they may have been avoided. **REMEMBER** to raise the level of awareness among all your staff.
- Step 3:** Observations that need to be corrected at your facility from housekeeping to behavior matters.
- Step 4:** Time this meeting for a quick 15-minute period and end it with the required documented signatures of attendance. The form is attached.

### 2005 Incidents / Jan to Present

- 2-seperately rolled dry fertilizer semi incidents without other injuries. Both driver failures.
- 1-mini bulk slid off a moving truck (No Tie-Downs)
- 1-leaking tank hose causing a spill from a tender (But in town on city street)
- 1-Recordable eye injury – grinding without shield
- 1-Reportable hand injury – Sliced finger on machinery
- 1-Recordable spinal injury – Improperly moving a LP home tank with brute force and injured neck muscles. Lost Time – 10-days.
- 1-Recordable hand injury – Wrench slipped and sliced fingers open on threads requiring sutures.
- 1-Recordable hand injury – Sliced fingers open with a utility knife requiring sutures.
- 1-Reportable back injury – 1-time chiropractic visit from vehicle ride.
- 1-Reportable hip injury – Originally received digging rat trap bunkers.
- 1-Reportable hip injury – No visits required, but reported bad seat in tender truck.

**ALLOW YOUR PERSONNEL TO ANALYZE THE INCIDENT AND PROVIDE THE ACTUAL CAUSE AND CORRECTIVE ACTION FOR EACH.**

### Bureau of Labor Statistics Release 2004 TopTen OSHA Violations:

1	Hazard Communication Standard – Written Plan Improper	6	Electrical – Missing guards and ties
2	LockOut / Tag Out Procedure missing	7	Electrical – Temporary Cords improper inspection
3	Confined Space Entry Training	8	Power Truck (Forklift) Training Outdated
4	Improper Respiratory Standards Implied	9	Bloodborne Pathogen Training not complete
5	Missing Machine Guards	10	PPE Inspection & Training



## Record of Monthly Safety Meeting Form

Location: \_\_\_\_\_ Date: \_\_\_\_\_  
(City) (State)

Conducted by: \_\_\_\_\_

### *Attendees: (signed and printed)*

**Print Name**

**Signature  
Number**

**Social Security**

Print Name	Signature Number	Social Security

Items Discussed:

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Recommendations:

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