



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.



Safety Meeting and Materials – October 2005

ITEM #1:

Monthly Safety Equipment Checklist

Behind Tab-6 of your “SHEP-Filing System” manual you will find the ‘Monthly Safety Equipment Checklist’ form. This form was designed to represent how a checklist should be designed. As you look at it, you should image that you have four pages lying directly on top of each other. In this manner you can expand this form to list each piece of equipment you have at your facility. Throughout my audits being completed to date, I have only found one location completing this requirement. Take the time this month to construct this form to fit your facility and use it to document your compliance measures in this arena.

ITEM #2:

On-Off The Job Safety Checklist

The BLS released statistics for Off-The-Job injuries for 2003 recently. Use these facts at your facility and allow each employee to take them home for use through the safety period!

- 33,100 people died from injuries that occurred at home in 2003.
- One person out of every 37 employees were disabled at least one-full day or more by injuries caused at home costing your business.
- Falls, poisoning, choking, drowning and fires lead the causes.

Before the seasons come us this fall, make your facility and employee homes safer by checking through this list:

- Practice your fire emergency plan with all members with a walk through.
 - Check the stocking of your first-aid kit and aged materials.
 - Properly store and lock medicines, pesticides, cleaning products and other poisons.
 - Keep stairs and hallways well lit and clear of clutter.
 - Use nightlights that automatically turn on at low levels to the floor w/ battery backup.
 - Use rubber mats where a needed and textured surface on floors while weather allows.
 - Check and repair sidewalks and driveways for holes, bulges, and large cracks.
 - Install or test your ground fault circuit interrupters near sinks and outside areas.
 - Ensure work areas have plenty of light directed properly.
 - Ensure that all members know where and how to operate the main gas valves, electricity and water shutoff valves for emergency situations.
 - Use decorative tape or decals on glass doors for easier recognition.
 - Place a carbon monoxide detector on all levels of occupied areas, but not closer than 15-feet of burning gas items (stove, water heaters, furnace, etc.).
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REPORT ALL ACCIDENTS!



Record of Monthly Safety Meeting Form

Location: _____
(city) (state) (Division)

Date: _____

Conducted by: _____

Attendees: (*printed and signed*)

Print Name

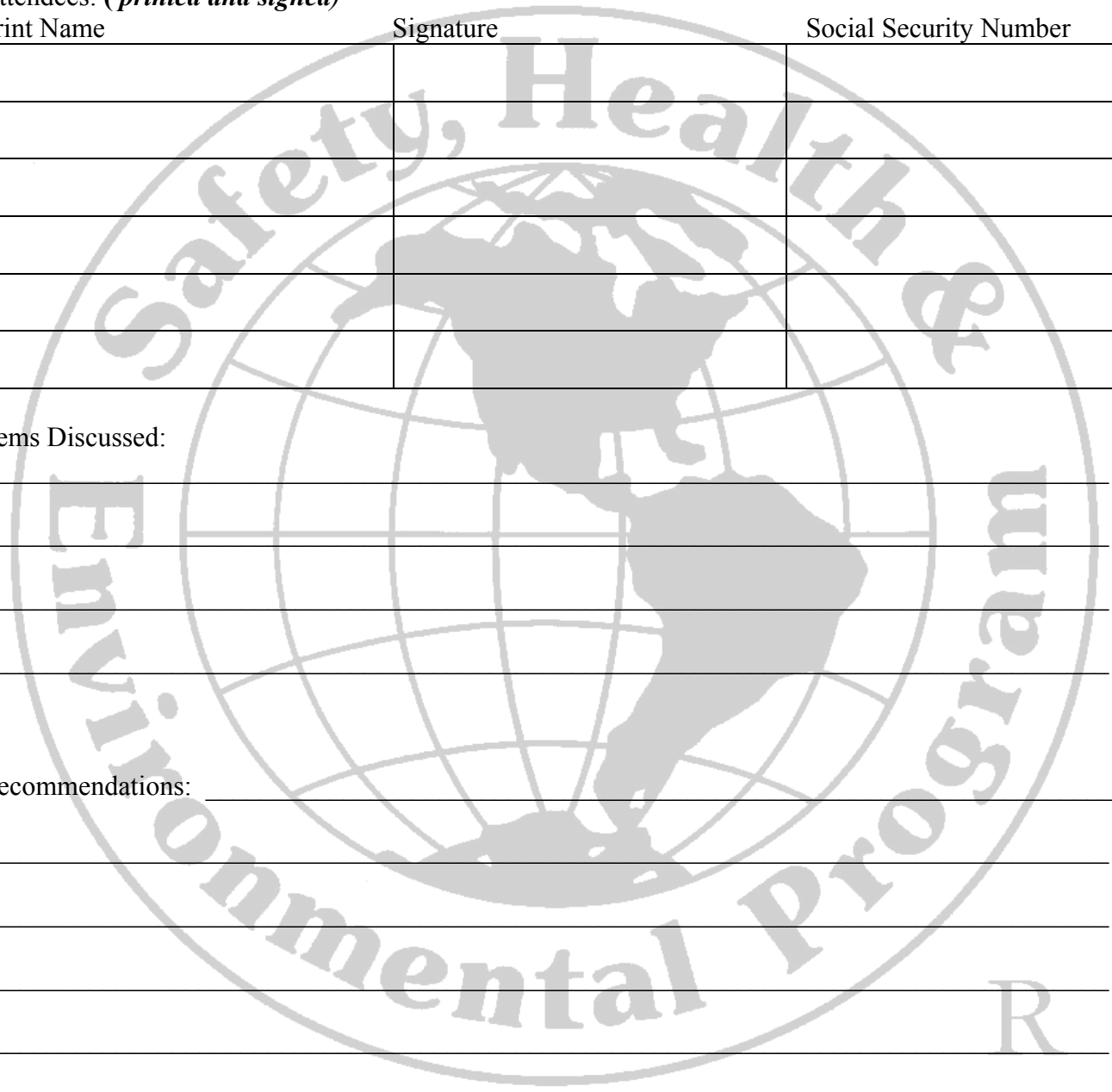
Signature

Social Security Number

Print Name	Signature	Social Security Number

Items Discussed:

Recommendations:



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