



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 – September 2005

ITEM #1:

'Vehicle Incident Reporting'

As we prepare for the fall harvest and fall season, there are a couple items that need to be reviewed with all company drivers.

- ✓ All vehicle incidents/accidents need to be and are required to be reported to each driver's supervisor (most cases the G.M.). A "S.H.E.P. – Incident Report" should be completed and faxed into our offices as soon as the incident is known (Along with a phone call to my cellular number or use of the Emergency 800 Number on your board notifying us of the incident). There are time requirements that we can assist each manager with in proper reporting.
- ✓ Any incident that involves either a moving violation being issued to your driver - or - any incident involving hospitalization of either party requires a substance abuse test and alcohol test be completed on your driver.
 - Substance abuse within 32-hours
 - Alcohol within an 8-hour period
- ✓ Any vehicular incident causing the blocking or re-routing of normal traffic requires a DOT-Recordable form be completed and submitted to the DOT within that 8-hour period. (Allow us to assist you with this task. The form is available within your manual.)
- ✓ **SPECIAL NOTE:** Each of your states now implements the CDL levels and regulations for drink levels even on the driver's own time in their own vehicle!

If you have not been completing your monthly Safety Equipment Checklist (found in folder/tab #6 of your Filing System Manual) then you need to complete it now to ensure the vehicles are prepared for the work out they will be receiving in the coming weeks.

- ✓ Fire Extinguisher
- ✓ First-Aid Kit
- ✓ Breakdown Triangles
- ✓ Pre/Post Trip Inspection Daily
- ✓ SPCC Equipment - Gloves, Goggles, & Respirator
- ✓ Driver's Handbooks (Blue Jean Kits)

ITEM #2:

Heating Season Coming

At the office, heated storage and at each of your homes, the cold weather and furnace season is coming shortly! While we have the time let's insure that the furnace is checked, filters changes, motors lubricated properly and vents operational. In offices, the furnace's cold air return should be taken from a known contaminated air source even if that is from the outside!

Additional items to check:

- ✓ Fire Extinguishers
- ✓ Fire Alarms
- ✓ Exit strategies with your families!!!



Record of Monthly Safety Meeting Form

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

Date: _____

Conducted by: _____

Attendees: (*printed and signed*)

Print Name

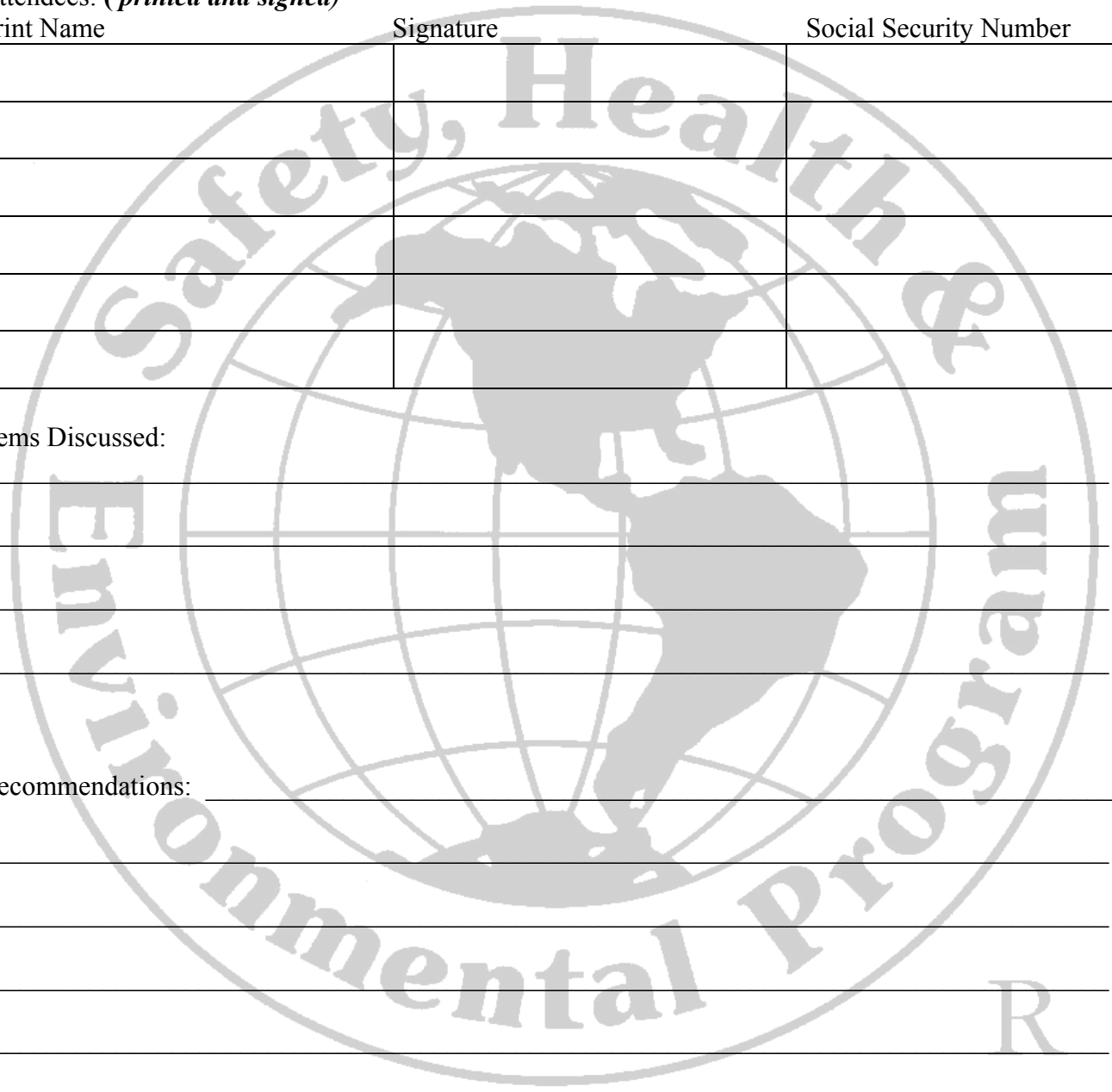
Signature

Social Security Number

Print Name	Signature	Social Security Number

Items Discussed:

Recommendations:



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