



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' to set a standard.
 - a. It is suggested that an early time period be used and the possibility of donuts and coffee be administered to lighten the atmosphere, yet gather full attention. (SUGGESTED: Wed AM Meeting Period.)
 - b. An attendance roster needs to be kept documenting 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 in 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 or the Safety Committee would like addressed, and
 - iii. 5-minutes for the employees to voice their findings. This third period needs to be kept to strict guidelines with 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 maintained in SHEP-File #6 for facility 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. Samples are available with your 'Safety Filing System' manual behind tab #6.



Required Subject For DOT's Wellness Program

Employee Heart Attacks – May 2006

What YOU need to know!

Make sure your employees understand the risk factors for heart attacks. Employees most at risk of having a heart attack include smokers, overweight, those with high cholesterol levels, high blood pressure and/or diabetes.

- ✓ Heart disease is the number 1 killer of both men and women in the US.
- ✓ More than 1 million Americans have heart attacks every year and half don't survive!
- ✓ Many suffers don't even know they have heart disease.
- ✓ About half of all heart attack deaths occur within 1-hour of the start of the symptoms.

Spend some time on the symptoms for your own health. Everyone should be able to recognize the signs of a possible heart attack - whether in themselves or in a co-worker. Common symptoms include:

- CHEST DISCOMFORT**, mainly in the center of your chest, that lasts for more than a few minutes or goes away and returns. The discomfort has been described to feel like an uncomfortable pressure, squeezing, fullness, or even a strong pain.
- DISCOMFORT** in other areas of the upper body, including pain or discomfort in one or both upper arms, the back, neck, jaw, or stomach.
- SHORTNESS OF BREATH** often accompanies chest discomfort, but it can also occur before chest pains.
- OTHER SYMPTOMS** may include a breakout in a cold sweat, nausea, or light-headedness.

PREVENTION TO EMPHASIZE INCLUDES;

- **Getting some exercise** beyond work. Find an activity you enjoy and do it regularly.
- **Eat a healthy diet** by choosing nutritious foods low in cholesterol and saturated fats. Eat fresh fruits and vegetables, whole grains, and low-fat and nonfat dairy products. Avoid junk food, fried foods, and sugary snacks.
- **Don't smoke! Simply put** - Smoking doubles your risk of heart attack. But after you stop, your risk soon drops to that of a lifelong nonsmoker!

If you need my assistance in this matter or any others – DO CALL!

Employee Signature: _____

DATE: _____



Record of Monthly Safety Meeting Form – File #6

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

Date: _____

Conducted by: _____

Attendees: (*printed and signed*)

Print Name	Signature	Social Security Number

Items Discussed:

Recommendations:

