

FARM NAME:

HSC MEETING MINUTES

Work Site/Location:		
Date:	Time:	
Location:		
In attendance:	Absent:	
Chairs:	Guests:	
ITEM	FOLLOW UP	
	Assigned to	Target date:
Acceptance of Previous Meeting minutes <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Adjustment Required <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments:		
Outstanding items from previous meeting:		
First outstanding item:		
Comments:		
Review of inspection report(s)		
Date Reviewed:		
Comments:		

FARM NAME:

ITEM	FOLLOW UP	
	Assigned to	Target date:
Review of incident report(s)		
Near miss report - Date Reviewed:		
Comments:		
Near miss report - Date Reviewed:		
Comments:		
New Items		
First new item:		
Comments:		
Second new item		
Comments:		
Recommendations to employer		
First Recommendation:		
Comments:		

FARM NAME:

ITEM	FOLLOW UP	
	Assigned to	Target date:
Second Recommendation		
Comments:		
Training and communication		
HSC Member training		
Comments:		
Other Training		
Comments:		
Other items		
First other item		
Comments:		
Second other item		
Comments:		

FARM NAME:

ITEM	FOLLOW UP	
	Assigned to	Target date:
Adjourn		
Meeting was adjourned on:	DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
Next meeting scheduled for:	DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
Minutes Prepared By:		