



Monthly Health and Safety Meeting Record

Branch Name:	
Date:	
Participants:	

1. Accidents and Incidents

List all accidents and incidents that have occurred since your last meeting. Or attach copies of accident/ incident reports to this record.

	Year to Date	Previous Year
Number of accidents		
Number of near misses		
Number of WCB claims		

2. Results of Monthly Inspection

List all hazards in the table below. Or attach a copy of your inspection report to this record.

Type of Hazard (critical/urgent/ or important)	Describe hazard and precise location	Recommended corrective action	Person responsible	Date corrected

3. Education and Training

List new safe work procedures and other matters discussed. _____

4. Other Concerns

List other health and safety concerns discussed. _____

5. Next Meeting

Date and time of next meeting: _____

List any matters that need to be followed up at the next meeting: _____