

Monthly Safety Meeting Record

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Meeting Details

1 Meeting date *

2 Meeting time

3 Meeting location

Address or coordinates

4 Meeting duration (minutes)

5 Meeting facilitator/chair *

Attendance

6 Total number of attendees

7 List of attendees

8 Were all required personnel present?

Yes

No

N/A

9 Absentees and reasons

Previous Meeting Review

10 Were minutes from the last meeting reviewed?

Yes

No

N/A

11 Outstanding actions from previous meeting

12 Status of previous action items

All completed

Some outstanding

None completed

No previous actions

Safety Performance Review

13 Number of incidents since last meeting

14 Number of near misses since last meeting

15 Summary of incidents/near misses discussed

16 Lost time injuries in period

17 Days since last recordable incident

Topics Discussed

18 Hazards or risks identified

19 Control measures discussed

20 Equipment or PPE issues raised

21 Housekeeping observations

22 Welfare concerns raised

Training and Competency

23 Training topics covered in meeting

24 Toolbox talk delivered?

Yes

No

N/A

25 Toolbox talk topic

26 Upcoming training requirements

Employee Feedback

27 Safety concerns raised by attendees

28 Suggestions for improvement

29 Positive safety observations or recognition

Actions and Follow-up

30 New action items

31 Date of next meeting

32 Any items to escalate to senior management?

Yes

No

N/A

33 Escalation details

Attachments

34 Supporting documents or photos

Attach file here

Sign-off

35 Meeting minutes recorded by *

36 Facilitator signature *

Signature

37 Date signed *

38 Additional comments
