## Joint Health and Safety Committee MEETING AGENDA FORM

Da	te: Time:	Plac	e:
	ITEM	PRESENTER	APPROX. TIME (MIN.)
1.	Minutes of Last Meeting		
	<ul><li>Agenda</li></ul>		
2.	Outstanding Items		
3.	Regular Reports Inspections (review of priority or repeating issues) Trends (First Aid, Hazard Reports, Incident Reports) Investigations (Review of root causes and recommendations) Violence Risk Assessment review (annual) WHMIS program review (annual)		
4.	<ul> <li>Employer Response to Past Recommendations</li> <li>Inspection reports</li> <li>Formal recommendations</li> </ul>		
5.	New Projects		
6.	Next Meeting  Date, time, location Chairs(s)		