

SAFETY COMMITTEE MEETING CHECKLIST

Department: _____

Date: _____

Next Scheduled: _____

Attendees: _____

Picture on Web current? Yes No (If no, take camera and try to take a new picture.)

Injuries and Illnesses:

-Have there been any injuries or illnesses since the last meeting? Yes No

-Have they investigated the injuries or illnesses? Has the investigation been done properly?

Fire Drill/s:

-Have they performed one fire drill this fiscal year in every building under their responsibility? Yes No

Education Requirements:

-What education requirements apply to the department and have they made plans to meet them? Report progress on this topic.

Facility Inspections: Quarterly inspection completed? Yes No

-How are they performing the quarterly required inspections of their facilities?
 -Self -Peer -Committee -OHS

-What are they doing about violations noted?

Policies:

-Have they developed any policies? JHAs?

Emergency Operations Planning:

-Have they updated and/or trained on their EOP? See www.udel.edu/emerop for guidance. Yes No

Safety Posters:

-Do they receive safety posters?

-Part of Rotation Program: Yes No Add

-Electronic Posters: Yes No Add

-Current name or new name of contact: _____

Other items discussed (check Safety Committee Meeting Notes):
<http://www.udel.edu/OHS/safetycomm/meetnotes.html>

Attended By: _____
Department of Occupational Health and Safety

OHS Staff: Pick up folder from the front desk. Return folder to Robin Elliott after meeting.