# Local Safety Team Meeting Minutes

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| **Name of Team:**  |  | **Chair(s):** |  |

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| --- | --- | --- | --- |
| **Date:**  |  | **Time:** |  |
| **Location:** |  |

**AGENDA:**

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| 1. Roll Call
2. Review Central Accident/Incident Reporting System (CAIRS) report of Accidents/Incidents
* Monthly Incident List & Statistical Summary Report
1. Review Workplace Safety Inspections (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)
 | 1. Review Education and Training
2. Ongoing Business – Status of Action Items, Review of Previous Minutes
3. New and Other Business
4. Next Meeting
5. Meeting Adjournment
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| 1. **ROLL CALL**
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| **Worker Representatives** | **Work Location** | **Present** | **Regrets** | **Absent** |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
| **Employer Representatives** | **Work Location** | **Present** | **Regrets** | **Absent** |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |
| **Resources/Guests** | **Work Location** | **Present** | **Regrets** | **Absent** |
|  |  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  |

| 1. **REVIEW CAIRS REPORT OF ACCIDENTS/INCIDENTS:**
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| --- |
| See attached incident report:* Monthly Incident List & Statistical Summary Report *(make note of trends etc. For any general CAIRS information that requires discussion or action, please record under “New Business”. Any incident specific items and follow up requests are to be listed below)*
 |
| (*\* See Legend at end for Priority and Status Codes)* |
| **Item #**(Use CAIRS Incident ID #) | **Priority** | **Date** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g.**119975* |  |  | *Enter any information relevant to the incident/accident, actions to be taken, etc.* |  |  |  |
| *E.g.**119982* |  |  |  |  |  |  |
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| 1. **REVIEW OF WORKPLACE SAFETY INSPECTIONS (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)**
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| *Attach inspection checklist(s) and report(s) to these meeting minutes and use this table to record discussion and new recommendation(s)* |
| **Item #**(Use Inspection #) | **Priority** | **Discussion/Comments/Recommendations** | **Assigned To** | **Follow up: Date Pending** | **Status** |
| *E.g.**GI-Rix–17/09/13* |  | *Enter any information relevant to inspection, actions to be taken, etc.* |  |  |  |
| *E.g.**GI-TEF3-17/09/14* |  |  |  |  |  |
| *NOTE: These are the inspection numbers (GI- location- date of inspection)* |  |  |  |  |  |
|  |  |  |  |  |  |

*\* GI- General Inspection*

| 1. **EDUCATION AND TRAINING**
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| (General discussion, RMS Courses, external training opportunities etc. For all actionable items please list below) |
| **Item #** | **Priority** | **Discussion/Comments/Recommendations** | **Assigned To** | **Follow up: Date Pending** | **Status** |
|  |  | *Enter any information relevant to required training, upcoming renewal of training, new member training, etc.* |  |  |  |
|  |  |  |  |  |  |

| 1. **ONGOING BUSINESS – Status of Action Items (includes review of previous meeting minutes)**
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| **Original Item #** | **Priority** | **Action Plan****(Actions Taken/Need to be taken)** | **Assigned To** | **Follow up: Date Pending** | **Status** |
|  |  | *Add any additional relevant information pertaining to the status of this item – keep most recent information on top. If long list of details, older less pertinent information can be removed as will have already been recorded in previous minutes* |  |  |  |
|  |  |  |  |  |  |
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| 1. **NEW & OTHER BUSINESS**
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| * General discussion items (list actionable items below)
 |
| **Item #** | **Priority** | **Discussion and/or Action Items** | **Assigned To** | **Date to be Completed** | **Status** |
|  |  | *For new items that are not currently in “ongoing business”.**Enter any relevant information regarding this item, actions to be taken, etc. If this item is not completed within the meeting, it will be moved to “Ongoing Business” for the following meeting* |  |  |  |
|  |  |  |  |  |  |

| 1. **NEXT MEETING**
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| Date: |  |
| Time: |  |
| Location: |  |

| 1. **MEETING ADJOURNED**
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| --- |
| Time: |  |

**LEGEND**

| **PRIORITY:** | **STATUS:**  |
| --- | --- |
| **A** | Critical/Life threatening/high probability  | **N** | New |
| **B** | Urgent/moderate probability of re-occurrence | **R** | Repeat |
| **C** | Important/low probability of re-occurrence | **C** | Complete |
| **D** | Reminders | **IP** | In Progress |
| **E** | Information | **RF** | Referred forward |

**Send a copy of the meeting minutes report to the JOHSC. Highlight important items that must be reviewed/discussed at next JOHSC meeting.**

**Monthly Distribution and Posting of Approved Meeting Minutes (Required):**

* All LST members
* Appropriate JOHSC
* Risk Management Services safety.programs@riskmanagement.ubc.ca