## MONTHLY SAFETY MEETING MINUTES

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| **Date :** |  | |
| **Conducted by:** |  | |
|  | Time Start:  Time Finish: | |
| **Personnel in Attendance:** |  | |
| **Symmetrical Group :** |  | |
| **Contractor:** |  | |
| **Review of Previous Meetings Minutes** | | |
| **Date :**   * Nil | | |
| **Incident Reports / Hazard Reports** | | |
| *READ OUT AND DISCUSSED:*  **Incident:**   * Nil   **Hazard:**   * Nil | | |
| **Outstanding Safety Issues** | | |
| **Incident:**   * Nil   **Hazard:**   * Nil | | |
| **New Business. Action By.** | | **Action By** |
| * Nil | |  |
| **Other Business** | | |
| * Nil | | |
| **Safety Topic – Enter Topic Title** | | |
| * Nil | | |