## MONTHLY SAFETY MEETING MINUTES

|  |  |
| --- | --- |
| **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
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