# Form-13. Health & Safety Meeting Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** | **Time:** | **\_\_\_\_:\_\_\_\_ am/pm** |
| **Attendance:** **(attach additional list if required)** |
| **Name** | **Signature** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Absent:** |
| **Business Arising From Previous Minutes** |
| **Review previous minutes and list actions/risk controls NOT completed** | **Action** | **Person Responsible** | **Time Frame** |
|  |  |  |  |
| **Risk Control** |
| **Hazard Identified** | **Risk Control** | **Risk Category (High, Mod, Low)** | **Person Responsible** | **Date Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Discussion** |
|  |