Site	Meeting No.
Date	Time
Venue	Chair Person

Attendees

Nam	e Position	Department
Agenda		
No	Торіс	Responsibility
1	Welcome and Introductions	Chair
2	Minutes of last meeting	Chair
3	Business arising from previous meeting	Chair
4	Key safety statistics for the previous month	Chair
5	Significant Incidents / Hazards	Chair
6	Incident Report Review	ТВА
7	Safety Improvement Program <or and="" objectives="" safety="" targets=""></or>	ТВА
8	Health and Safety Topic of the Month	ТВА
9	Inspection / Audit results	ТВА
10	Safety / Incident Alert	HS Rep
11	Safety Representatives Feedback	HS Rep
12	New business	All