

Record of OHS Meetings

Chaired by: _____ **Date:** _____

Time meeting commenced: _____ **Time meeting concluded:** _____

Attendees:

Apologies:

Agenda Items:

1. Workplace Inspection Report:
2. Review of objectives:
3. Hazard management and controls:
4. New hazards reported:

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5. Accidents and investigations since last meeting:			
6. General:			
Corrective Action:	Action By:	Action Completed Date:	Action Sign Off

Reviewed by Managing Director: _____ (Signature)
 _____ (Date)

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