

SAFETY COMMITTEE MEETING

School:

Principal:

Date:

Time:

- Members:
- | | |
|-------------------------|--------------------------|
| 1. <input type="text"/> | 7. <input type="text"/> |
| 2. <input type="text"/> | 8. <input type="text"/> |
| 3. <input type="text"/> | 9. <input type="text"/> |
| 4. <input type="text"/> | 10. <input type="text"/> |
| 5. <input type="text"/> | 11. <input type="text"/> |
| 6. <input type="text"/> | 12. <input type="text"/> |

Items Discussed:

At a minimum, meetings are to be held quarterly in the months of August, November, February, and May.

Copy should be forwarded to School Safety Director