N/A

Safety Committee Meeting Minutes

To: All Associates

Copy:

From: Safety Committee Chair Person

Subject:

Safety Committee

Team Members	Job Title	Present Yes/No
SCOTT BUCHER	DIRECTOR	YES
THELMA FLOYD	DIR SUPERVISOR	YES
DAVE CHASE	DIR	YES
GENEVIEVE GILL	OFFICE MANAGER	YES
TD CURTIS	CHEF	YES

Workers Compensation Incidents

Date	Associate Name	Accident Type	Ruling

Review of Action Items From Prior Meeting

Action to be Taken	Completed Yes/No
FREEZER DEFROST	~~YES~~
SLICER REMOVED	YES
DATE POSTED IN DIR AREA	YES
	YES

New Business
List any unsafe conditions that need to be addressed:
WET Floor SIGNS
Floor WATER - Trip HAZARD
KITCHEN COMMUNICATION - KNIFE carry, FIRE, ETC.
List any upcoming training that will be provided:

List any updates on the status of branch/region specific safety incentives:
List any suggestions for safety improvements:
KITCHEN COMMUNICATION

Action Plans		
Action Item	Assigned to	Target Date
KITCHEN COMMUNICATION W/ KNIVES & HOT FOOD ITEMS	FD - CHEF	6/1/17
CUTTING GLOVE USAGE	All Managers / supervisors	6/1/17