

# **SAFETY COMMITTEE QUARTERLY BOARD REPORT**

**DATE OF REPORT:**

**MONTHS REPORTED:**

**POLICIES & PROCEDURES REVIEWED:**

**SAFETY SURVEYS:**

**EDUCATION UPDATE:**

**EMERGENCY PREPAREDNESS DRILLS:**

**SECURITY ISSUES:**

*(CONTINUED ON BACK)*

TYPE OF INCIDENT	IN/OUT PT		ER PT		HH PT		EMPLOYEE		VISITOR	
	QRT	YTD	QRT	YTD	QRT	YTD	QRT	YTD	QRT	YTD
FALLS/SLIPS										
NEEDLE STICKS										
BACK INJURIES										
EXPOSURES										
CUTS/CONTUSIONS										
BURNS										
MISCELLANEOUS										

**RECOMMENDATIONS/ACTIONS:**

**LIFE SAFETY:**

**EQUIPMENT MANAGEMENT:**

**UTILITIES MANAGEMENT:**

**GOVERNING BOARD RESPONSE:**

- The Governing Board has received the report from the Safety Committee and concurs with the recommendations of the committee.
- The Governing Board has received the report from the Safety Committee and would like additional information on the following items: \_\_\_\_\_
- The Governing Board has received the report from the Safety Committee and recommends the following: \_\_\_\_\_