Safety Committee meetings must be held four times annually in the first ten days of September, December, March and June.

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| **Location:** |  |

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| **Date:** |  |

**Attendees:**

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**Review Previous Minutes**. Approved: Yes [ ]  No [ ]

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| If no, why and clarify: |  |
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**Review of Action Items**

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| **Description** | **Complete Y / N** | **If no, describe reason/expected completion. Add to action items from this meeting** |
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**Suggestions to Improve Staff Wellness and School Climate / Comment on items that contribute to staff stress and possible remedies.**

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**Review of Safety Inspections / Near Misses / Incidents: Please summarize identified problems from the completed inspection reports and then create a list of action items to address those concerns.**

Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Acceptable 5. Not Applicable

**Summary of Identified Issues**

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|  | Description / Solution | Location | Who To Correct | Priority Index |
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