

<h1>SCMM REPORT</h1>	Station
<h2>Safety Committee Meeting Minutes</h2>	Month Ending:

Building Attendees		
Employee Name	Position	Date

Pulse Monthly Safety Inspection Checklist Items: **Ensure each item is verified as compliant with the group and mark with “✓” for compliance and “X” for non-compliant. Items of non-compliance should also be added to action items for the group.**

Are daily safety and security briefings documented and maintained on file for 30 days?	Is the required Federal labor law poster displayed and current?
Are your daily equipment checks completed and maintained on file for 30 days?	Is the emergency contact list current and posted, including WFS and local authorities?
Are routine PMs being conducted on schedule, documented, and filed per company procedures?	Are daily scale weight checks being completed and documented (Cargo/Express locations)?
Is the Local Emergency Response Plan on file and has a review been documented with all employees?	Has the scale been calibrated within the last 6 months, and records maintained?
Is the station Org chart current and posted with the last revision date and defining lines of accountability?	Are eye wash stations available and up to date and cycled every 6 months?
Are OSHA Injury 300 logs signed, dated and on file for past 5 years? Summaries posted (Feb 01-April 30)?	Are fire extinguishers in place and up to date with annual vendor inspections and WFS monthly checks?
Are the latest Company Safety and Security bulletins and HSSE policy posted?	Does the station have computer access to the required IATA manuals?
Is the 3E poster displayed in the workplace for access to Safety Data Sheets (SDS)?	Are Emergency Evacuation diagram plans posted at all exits?
Are all GSCs current with related training and included in the DOT Pool?	Do all equipment operators have operator permit cards on their persons?
Have all new hires from the previous month completed the required WFS orientation and job-specific training before being assigned a work schedule?	

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Instructions: Place the cursor in the space provided or at the end of each question at the colon (:) and type the information. The form will word wrap on its own. Form length is not a concern, so include all pertinent information; additional space is provided on Page 2 should you require it. This form should be saved to the local computer and then attached to an e-mail to the Regional Manager & Director of Safety.

Date of meeting:	Committee members present:
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Last Injury on:	UPDATE	Last Incident on:	UPDATE	Safe work days:	UPDATE
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Part 1. Items resolved from last SCMM report and / or details of progress made (<i>Parts 2 & 4 from the last report</i>)	
1	
2	
3	
4	
5	

Part 2. New safety concerns, observations, or suggestions discussed in this meeting:	
1	
2	
3	
4	
5	

Part 3. Who will action the new concerns listed in Part 2 above, how will they be actioned & what is the <u>ETC</u> ?:	
1	
2	
3	
4	
5	

Part 4. Please list all injuries, Incidents, near-misses, audit findings or OSHA items that occurred this month:	
1	
2	
3	
4	

Part 5. Corrective actions or plans for all items listed in part 4 above:	
1	
2	
3	
4	

Part 6. Safety committee activities, SSA audits, rewards or other activities planned for next month:	
1	
2	
3	
4	
5	

Date of next meeting:		Prepared by & Title:		Reviewing Mgr:	
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SCMM REPORT	Station
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List any other pertinent information or details that did not fit in the above fields here:

Pulse Incident Reports Previous Month			Station:
Pulse ID	DATE	Description	