

# DELTA FIRE, INC.

## SAFETY COMMITTEE AGENDA/MINUTES

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**Company Name:** Delta Fire, Inc.

**Division/Department:** Safety Committee      **Date/Time:** 1-21-14 7:10am

**Chairperson:** Heidi Scarbrough

**Members Present:** Andrew Cartales      **Members Absent:** \_\_\_\_\_  
Mike Foley      \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Old Business

*Item Number (number using year and sequential numbers: 02-01, 02-02, etc.)*

- |              |   |
|--------------|---|
| <u>0618</u>  | <u>Water Damage Prevention Manual - <b>Work in Progress</b></u>                     |
| <u>12-03</u> | <u>Work on getting all employees up to date on Training - <b>HS VERY CLOSE!</b></u> |
| <u>12-24</u> | <u>Create New Employee PowerPoint presentation - <b>HS</b></u>                      |
| <u>12-25</u> | <u>Get more employee Handbooks made - <b>HS</b></u>                                 |
| <u>13-04</u> | <u>Create Lockout/Tagout Training Program - <b>HS</b></u>                           |
| <u>13-05</u> | <u>Create Electrical Safety Training Program - <b>HS</b></u>                        |
| <u>13-06</u> | <u>Update &amp; Create Ergonomic/Material Handling Training Program - <b>HS</b></u> |
| <u>13-13</u> | <u>Create Training Program on Confined Space - <b>HS</b></u>                        |
| <u>13-14</u> | <u>Create Training Program on Trenching &amp; Shoring - <b>HS</b></u>               |

### Old Business Completed

*Item Number (number using year and sequential numbers: 02-01, 02-02, etc.)*

- |              |                           |
|--------------|---------------------------|
| <u>13-21</u> | <u>OR-OSHA Inspection</u> |
| _____        | _____                     |

### New Business

*Item Number (number using year and sequential numbers: 02-01, 02-02, etc.)*

- |              |   |
|--------------|---|
| <u>14-01</u> | <u>Order More Yoyo's &amp; Relief Straps</u>      |
| <u>14-02</u> | <u>Next Month is our 6th Month FP Inspections</u> |
| _____        | _____   |

### Safety/Health suggestions submitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Summary of current losses (review by injury/accident type, department, etc.)**

**The following incidents which happened since the last meeting were discussed:**

Date of injury/illness	Causes/Description	Recommendation/Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Progress Report (activities/results since last meeting):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other committee remarks** *(reminders on safety/health items not requiring recommendations)*

Joe is going to be leavening the committee due to other commitments. We will from this point forward be pulling in field representation to fill our third chair spot. If you would like to sit on the committee please contact Heidi.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Next Meeting:</b>	<u>2/11/2014</u>	<u>7:30am</u>	<u>To Be Decided</u>
	<b>Date</b>	<b>Time</b>	<b>Place</b>

**Present meeting adjourned:** 7:30 AM

*Maintain on file of three years*

*Post on employee bulletin board(s)*

*Copies to Safety Committee; Management, Field Offices*