

Health and Safety Meeting

Agenda/Minutes

Farm name:	Date:
Staff present:	

Agenda items	Yes/No	
Minutes of last meeting discussed	Yes	No
Accidents/Incidents since last meeting discussed	Yes	No
Training, any outstanding or needed	Yes	No
Any safety updates, farm or company information	Yes	No
Risk Management (action plans, new risks, seasonal factors)	Yes	No
Have any incidents happened routinely that should be discussed	Yes	No
Contractors, any issues/work coming up	Yes	No
Review of farms emergency procedures (no more than 6 months apart)	Yes	No
Annual review of Hazard Management Register	Yes	No
General discussion	Yes	No

Minutes:

Farm manager signature: