



DEVELOPING A SAFETY COMMITTEE

Developing an effective Safety Committee can take time and planning. Having a committee with a purpose and objective can be a key element in a company's health and safety process. For this to work the safety committee needs to have employees that are involved and management that can assist with the process.

In forming the safety committee follow these few steps when selecting who should be a part of it:

- Select representatives from the hourly and salaried positions
- Select representatives from each department within the company. This is important because the committees decisions with effect all parts of the company.
- Members may be volunteers or persons selected by their departments.



A mission statement should be developed by the safety committee members. This statement should outline the purpose, member roles and expectations, committee structure, and the responsibilities of the committee within the company. This mission statement should be the first thing developed by the committee.

Basic functions of a safety committee can include:

- Develop yearly health and safety plan of action. This should includes goals and a plan to track the elements of the plan.
- Conduct periodic safety inspections.
- Reviewing and investigating accidents, near misses, and injuries. Recommending corrective actions should be part of this step as well.
- Develop safety policies and procedures.

Having an effective safety committee through employee involvement, cooperation, and communication is an integral part of a company's health and safety program.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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