

# CLS Health and Safety Program

Location \_\_\_\_\_

## Location Health and Safety Minutes

Please document any Health and Safety issues, or topics, protocols, etc. discussed or covered during the Health and Safety segment of each staff meeting.

<b>Date</b> _____ <b>Notes</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>Reviewed By</b> _____ _____ _____ _____ _____ _____ _____ _____
<b>Date</b> _____ <b>Notes</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>Reviewed By</b> _____ _____ _____ _____ _____ _____ _____ _____
<b>Date</b> _____ <b>Notes</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>Reviewed By</b> _____ _____ _____ _____ _____ _____ _____ _____