

	<b>Joint Occupational Health &amp; Safety (JOSH) Committee Meeting</b> <b>Hinds Safety Form</b>	Doc. #:	HS-14-F-008
		Issue Date:	05-Mar-2018
		Rev. Date:	30-Mar-2019
		Rev.#	01

<b>Meeting Date</b>		<b>Committee Chair</b>	
<b>Project &amp; Location</b>		<b>Co-Committee Chair</b>	
<b>JOSH Committee Topic</b>			
<b>Committee Attendees</b>			
<b>Minutes Distribution</b>	<i>All in attendance</i>		
<b>AGENDA</b>			

- 1. Safety Moment** – One individual brings a moment in which health and safety was affected or how to mitigate potential hazards from personal experiences.
- 2. Review of Previous Minutes** – Go through the minutes from last month and see what actions have not been completed and either close items out or carry them over to the next month.
- 3. Discuss the Topic Item** – Each meeting will have a topic or theme for discussion. This will be directly paired to site activities.
- 4. Discuss Concerns/Suggestions** – These concerns or suggestions can be brought about from the individual themselves or the team members they are representing and speak on behalf of.
- 5. JOSH HSE Inspection** – Each meeting the committee will choose an area or two to walk through and look for any concerns, issues or room for improvement.
- 6. Action Items** – After the JOSH Committee HSE Inspection, members will regroup and associate any required action items and relay information back to their respected teams.
- 7. Document** – After the meeting has completed, the Chair person is responsible to document and send out minutes to the above list.



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**SAFETY MOMENT**

<b>Name</b>		<b>Position</b>	
<b>Moment</b>			

**REVIEW OF PREVIOUS MINUTES**

<b>Concern/Suggestion</b>	<b>By</b>	<b>Action Required</b>	<b>Expected Date</b>	<b>Completed Date</b>

**TOPIC ITEM DISCUSSION**

<b>Feedback</b>	<b>By</b>	<b>Action Required</b>	<b>Expected Date</b>	<b>Completed Date</b>



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**CONCERNS & SUGGESTIONS**

Concern/Suggestion	By	Action Required	Expected Date	Completed Date

**JOSH COMMITTEE HSE INSPECTION**

Item of Concern	Area	Action Required	Expected Date	Completed Date



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**NEXT SCHEDULED MEETING**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Topic: \_\_\_\_\_

**MINUTES COMPLETED BY**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_