agenda – HSW committee meeting no. xx/YYYY

Meeting date: <insert date here>

Meeting time: <insert time here>

Meeting venue: <insert venue/Zoom link here>

**MEETING INFORMATION**

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| **ATTENDEES** |
| * Insert names/roles here |
| **APOLOGIES** |
| * Insert names/roles here |
| MINUTES OF PREVIOUS MEETING  *Attach or link previous meeting minutes* |
| CONFIRMATION OF MINUTES OF PREVIOUS MEETING  *Record names of persons confirming and seconding minutes* |
| **MATTERS ARISING FROM PREVIOUS MEETING** |
| * List matters here (click ‘enter’ to add more entries) |

**AGENDA**

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| ITEM | TOPIC | RESPONSIBILITY |
|  | SAFETY OFFICER/S REPORT   * Are your [OHS Cyclic events](https://www.monash.edu/__data/assets/word_doc/0003/1254576/cyclic-checklist.docx) up to date or on track?   YES ☐ \*NO ☐ (\*IF NO, PLEASE PROVIDE DETAIL)   * Raise HSW matters provided by staff and/or students from your area | Name of Safety Officer |
|  | HEALTH & SAFETY REPRESENTATIVE/S REPORT (if applicable)  *List items to be raised here* | Name of HSR and DWG they represent |
|  | HSW PLAN REVIEW  *Report on quarterly progress made for each strategic objective.* | Name of HSW Committee Chair |
|  | HSW PERFORMANCE  *Discuss data for previous quarter*   * Review of incident reports, particularly Lost Time Injury (LTI), severity, agency and mechanism of injury * Review of hazard reports   + Were Action plans for hazard and incident reports entered within 1-week of the report being logged? If No, discuss reasons, e.g. barriers for the responsible person to enter the report, was the person responsible for the report the correct person etc.   + Were actions completed within the agreed timeframe? If No, discuss reasons.   + Discuss the control effectiveness of actions arising from previous Lost Time Injuries (LTIs) and other significant incidents | Name of HSW Committee Chair |
|  | OPPORTUNITIES FOR IMPROVEMENT  *Discuss any opportunities in your work area to improve how HSW is managed, e.g.*   * + Gaps identified in OHSMS Self-Assessment Tool   + Updates to Risk Register as a result of items discussed under section 4   + Examples of best practice as shared learning to the committee |  |
|  | BUILDING CONSTRUCTION AND/OR REFURBISHMENT (if applicable)  *Discussion of HSW implications arising from construction and/or refurbishment projects*   * + <put details in here> | Add name here |
|  | OHS CONSULTANT/ADVISOR REPORT  *This includes but is not limited to:*   * + HSW statistics to be highlighted for discussion   + HSW Document Updates   + Legislative Changes   + Other applicable information from HSW team | Name of OHS Advisor/Consultant |
|  | WELLBEING REPORT   * List item(s) here or attach copy of report | Name of Wellbeing Champion |
|  | LABORATORY/RESOURCE MANAGER REPORT (if applicable)   * List item(s) here | Add name here |

**OTHER BUSINESS**

|  |  |
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| INSERT TOPIC HEADING   * List item here (click ‘enter’ to add more entries) |  |
| NEXT MEETING  Insert details of next meeting here |  |