
FSIS CIRCUIT SAFETY AND HEALTH COMMITTEE REPORT

1. DISTRICT

2. CIRCUIT

3. TIME

4. DATE OF MEETING

START

END

5. LOCATION OF MEETING

6. NAMES OF COMMITTEE MEMBERS ATTENDING

7. NAMES OF COMMITTEE MEMBERS ABSENT

8. MINUTES (Use additional sheets of paper if necessary.)

A. Old Business

B. Status of Previous Recommendations

C. New Business

D. New Recommendations

9. PRINTED NAME AND SIGNATURE OF CHAIRPERSON

10. DATE AND LOCATION OF NEXT MEETING