

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		