



**CANYONS**  
School District

**Safe Schools/Risk Management Committee**

**\_\_\_\_ Monthly/Quarterly Meeting**

School/Department \_\_\_\_\_ Date \_\_\_\_\_

Committee Members:

Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Agenda in Action: (Minutes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Needed:

WO#

Action Needed:

WO#

- |          |       |          |       |
|----------|-------|----------|-------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

Please submit to Risk Management Dept.

\_\_\_\_\_  
Principal's Signature