

IIP Program Annual Review
(This document must be kept on file for at least one year)

Date: _____

Meeting Conducted by: _____

Subjects Discussed: Review of IIP Program including:

1. IIP Program authority and Responsibility.
2. Our system to assure safety and health Compliance
3. Our system for safety and health Communication
4. Our system for Hazard Assessment
5. Our procedure for occupational Accident/Illness Investigation
6. Our procedure for Hazard Correction
7. Our procedure for safety and health Training and Instruction including a specific review of our Fire Prevention Plan, Emergency Action Plan, and Hazard Communication Program.

All attendees were provided a copy of our *'Notification of Safety Hazard'* form.

Signature of Employees Attending:

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