

## SAFE PATIENT HANDLING COMMITTEE MEETING SIGN-IN SHEET Facility: Meeting Date: Scribe: Place/Room:

Name	Title	Department
	Co-Chair: Management	
	Co-Chair: Non-Management	
	Employee Representative (where applicable)	
	Resident Council Member (where applicable)	
	NYSIF Consultant	
	☐ Management ☐ Non-Management	