NYSIF

SAFE PATIENT HANDLING COMMITTEE MEETING SIGN-IN SHEET

Facility:	Meeting Date:
Scribe:	Place/Room:

Name	Title	Department
	Co-Chair Mgmt.	
	Co-Chair Non-Mgmt.	
	Employee Representative (where applicable)	
	Resident Council Member (where applicable)	
	NYSIF Representative	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	
	Mgmt. or Non-Mgmt. (circle)	