New York State Insurance Fund
nysif.com

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 Rep.	
	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)	