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| **Figure 6.4** | **Medical Staff Meeting Checklist** |
| Meeting: Recurring? Yes No  Date: Time: Location:  Attendees invited  Consent agenda distributed  Agenda distributed  Minutes to be taken by  Room reserved  Audio/visual/IT equipment needed (please specify)  Reserved  Reserved  Reserved  Setup time needed (please estimate) Name of responsible person:  Disassemble after meeting? Name of responsible person:  Food/Beverages needed (please specify) Ordered/Source          Setup time needed (please estimate) Name of responsible person:  Disassemble after meeting? Name of responsible person:  Notes: | |