

MEETING INFORMATION

Date:

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Time:

.....

Location:

.....

Presenter:

.....

Dept/Crew:

.....

Today's Safety Topic

Topic Title:

Key Hazards Discussed:

Discussion Points

1. _____
2. _____
3. _____
4. _____
5. _____

Site-Specific Hazards

Current hazards identified at this location:

Corrective Actions

Action Item / Corrective Action	Responsible Person	Due Date

Employee Questions & Feedback

Attendance Record

Employee Name (Print)	Signature

MEETING COMPLETION VERIFICATION

I certify that this safety meeting was conducted and all attendees were given the opportunity to ask questions and discuss workplace hazards.

Supervisor

Signature: _____

Date: _____