SAFETY MEETING RECORD

Supervisor's Name: _____ **Date:** _____

Location of Safety Meeting: _____

Employees Attending:

_____

_____

_____

_____

List of Topics and Activities:

_____

_____

_____

_____

List of Safety Recommendations:

_____

_____

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_____

Brief description of Accidents or Incidents reviewed at the meeting:

_____

_____

_____

_____

_____

Safety Committee Chairperson: _____ (Please Print)

Signature: _____

Distribution list: 1. Chairperson 2. Supervisor 3. Joint Occupational Health and Safety Committee