EMPLOYEE COMMENTS OR CONCERNS:

_____
_____
_____

OTHER SAFETY ISSUES ADDRESSED ON THIS SPECIFIC JOB SITE:

_____
_____
_____

ITEMS REQUIRING RESEARCH OR FOLLOW-UP:

_____
_____
_____

TRAINING DOCUMENTATION

This Safety Meeting was presented:

_____ at _____.
(Date) (Location)

_____ _____ _____
(Print Name) (Title) (Signature)

The below listed employees attended this Safety Meeting:

(Print Name)	(Signature)

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