

# Safety Meeting Record

Company \_\_\_\_\_ Date \_\_\_\_\_

Location/Jobsite \_\_\_\_\_

Is this the first safety meeting at a new jobsite? Yes \_\_\_ No \_\_\_

If yes, list and discuss any site-specific hazards (i.e. danger trees, steep slopes, small landing(s), poor deflection, etc.)

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Topic(s) Discussed \_\_\_\_\_

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Signatures of Those Present \_\_\_\_\_

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Meeting Conducted By \_\_\_\_\_

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