|  |
| --- |
| **SAFETY MEETING RECORD** |
| **Meeting Date:** | **Time of Day:** ampm |
| **Location:** |
| **Topic(s) Covered: Attach any handouts or other materials used for this meeting to the back of this form.** |
| **Person(s) Conducting Meeting:** |
| **Employee Signatures** |
| By signing this form I am certifying that I attended this meeting on the date, time, and location specified; that the meeting covered all of the topics described on this form; that I understood the material; and that I had the opportunity to ask questions to seek clarification of any and all items I did not understand. |
| **Print Name** | **Sign Name** |
|  |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| 14 |  |
| 15 |  |
| 16 |  |
| 17 |  |
| 18 |  |
| **FOLLOW-UP SAFETY TRAINING (Persons absent from 1st meeting)**This form should be used to document training for any / all employees that were not present at the original safety meeting or for those employees that required additional training on the topic. |
| **Topic(s) Covered: Attach any handouts or other materials used for this meeting to the back of this form.** |
| **Person(s) Conducting Meeting:** |
| **Employee Signatures** |
| By signing this form I am certifying that I received follow-up training on the date specified below; that the training included all of the topics described on this form; that I understood the material; and that I had the opportunity to ask questions to seek clarification of any and all items I did not understand. |
| **Print Name** | **Sign Name** |
|  |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| 14 |  |
| 15 |  |
| 16 |  |
| 17 |  |
| 18 |  |
| 19 |  |