



WEEKLY SAFETY MEETING

JOB SITE: _____

DATE: _____

NUMBER OF EMPLOYEES PRESENT: _____

ACCIDENTS REVIEWED: _____

SUBJECTS DISCUSSED: _____

SUGGESTIONS / RECOMMENDATIONS: _____

ACTIONS TAKEN / SUPERVISOR COMMENTS: _____

SUPERVISORS SIGNATURE: _____.

Site Superintendent

SITE EMPLOYEE SIGNATURES

X _____

X _____

X _____

X _____

X _____

X _____

X _____

X _____

X _____

X _____

