SAFETY MEETING LOG REPORT

(Complies With OSHA Illness Prevention Program)

EMPLOYER: _____ **MEETING DATE:** _____

NAME OF TRAINER: _____

TRAINER AIDS USED: _____

SAFETY TOPICS DISCUSSED: _____

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SAFETY SUGGESTIONS, COMMENTS: _____

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SUGGESTED TOPICS FOR DISCUSSION:

- ☐ Safe Work Habits
- ☐ Safe Work Conditions
- ☐ Codes of Safe Operating/ Work Practices
- ☐ First Aid Treatment
- ☐ Orange Vests
- ☐ Fire Protection
- ☐ Safety Glasses
- ☐ Traffic Control/Flagging
- ☐ Slip/Trip/Fall Hazards
- ☐ Protective Vehicles
- ☐ Respirator Safety
- ☐ Confined Spaces
- ☐ Scaffold Safety
- ☐ Excavation/Trenching
- ☐ Jobsite Safety
- ☐ Hard Hats
- ☐ Portable Power & Handtools
- ☐ Stairways/Ladders Safety
- ☐ Body Protection
- ☐ Foot Protection
- ☐ Materials Handling & Storage
- ☐ Fall Protection
- ☐ Other _____

ATTENDEES (Please Print And Sign Your Name):

(Name of Employee)	(Signature of Employee)

_____ (Supervisor/Foreman) **X** _____ (Signature) _____ (Date)

SAMPLE

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