

# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUGGESTED TOPICS FOR DISCUSSION:

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

## ATTENDEES (Please Print And Sign Your Name):

_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
(Name of Employee)	(Signature of Employee)

\_\_\_\_\_  
(Supervisor/Foreman) **X** \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)