

SUPERVISOR'S SAFETY MEETING REPORT

Division _____ Date & Time: _____

1. Meeting Main topic / other safety matters of interest:

2. Review accidents since the last meeting, including "Near miss" incidents, property & equipment damage & employee injuries:

3. Needed safety supplies and safety repair needed on equipment, motor vehicles, hand tools, etc:

4. Hazards or unsafe work practices observed:

5. List steps taken to correct work hazards, unsafe work practices, or other accident causes.

6. Remarks:

Supervisor: _____ Safety Committee Rep. _____

COPY: ___ Division Manager
___ Risk Management
___ Safety Coordinator
___ Safety Goals File

Typed Employee Names

Employee Signatures

Meeting Attendees: _____

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