

# SAFETY MEETING ATTENDANCE SHEET

MEETING DATE: \_\_\_\_\_

MEETING TOPIC: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

START TIME: \_\_\_\_\_

MEETING LEADER: \_\_\_\_\_

END TIME: \_\_\_\_\_

SHEET # \_\_\_\_ OF \_\_\_\_

## EMPLOYEES IN ATTENDANCE

NAME:

SIGNATURE:

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Note: Attach additional Attendance sheets if necessary.

## EMPLOYEES NOT PRESENT

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## MEETING OUTCOME

RECOMMENDATIONS TO IMPROVE WORKPLACE SAFETY: \_\_\_\_\_

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ACTIONS TAKEN: \_\_\_\_\_

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MANAGER / SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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Your Partner in Health & Safety Communication

1-888-655-4800 | [www.skilven.com](http://www.skilven.com)

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MEETING TOPIC: \_\_\_\_\_

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## EMPLOYEES IN ATTENDANCE

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SIGNATURE:

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## EMPLOYEES NOT PRESENT

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