

SAFETY MEETING MINUTES

Department _____ Shift _____ Date _____

Training Conducted By: _____

| Training Topics Discussed | |
|---------------------------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

| Training Resources | Title of Material |
|--------------------|-------------------|
| Outline | |
| Video | |
| Handouts | |
| Other | |

Follow up and Questions Discussed

1. _____
2. _____
3. _____

Employees Present (Print Names)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |