

## SAFETY TRAINING/MEETING

*Note to Supervisor: Complete and file this form each time  
a safety/training meeting is conducted.*

Department	Shift	Date
Training Conducted by		

### Training Topics Discussed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Training Resources	Title of Material
Outline	
Video	
Handouts	
Other	

### Follow Up Questions Discussed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Employees Present (Please Print Names)

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

Supervisor Signature
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