

SITE SAFETY BRIEFING FORM

Project _____ Location _____
Date _____ Time _____
Type of Work _____

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment _____

Chemical Hazards _____

Physical Hazards _____

Biological Hazards _____

Emergency Procedures _____

Hospital/Clinic _____ Phone _____

Hospital Address _____

Special Equipment _____

Other _____

ATTENDEES

Name (Printed)

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Meeting Conducted by: _____

Site Safety Officer: _____