VenSure
Employer Services

Safety Meeting Sign-Off Sheet

Location of Meeting: _____ **Date:** _____

Conducted By: _____

Topic Discussed: _____

Employee Suggestions: _____

_____

_____

Notes: _____

_____

_____

Attendees (Please list employee names):

Employee Name:	Signature:

4140 E. Baseline Rd, Suite 201, Mesa, AZ 85206 | Phone (480) 993-2650 | Fax (480) 289-6220 | Toll Free (800) 409-8958 | www.vensure.com