

Safety Meeting was presented:

	(Date) at	(Rig #)	
Ву:	(Print Name)	(Title)	(Signature
he following emplo	yees attended this safety meeting:		
Print Name		Signature	
	Additional Documer	ntation Required:	
/hat specific job(s) v	will be performed during this shift? What	specific hazards do employees ne	eed to be aware of?
hat (3) S.O.P's wer	e reviewed?		
1.			
2.			
3.	rmation was reviewed from the HWD Dail		