

## Sa fe ty Ta lk

DATE & TIME:	Discussion  Leader:
Address/Location:	SIGNATURE:
SUPERVISOR:	
SAFETY TALK TOPIC:	
ITEMS DISCUSSED WITH WORKER	S: (E.G., LIFTING/HANDLING TECHNIQUES, ADJUSTING FOR WINTER DRIVING, FORKLIFT STABILITY)





	IF REQUIRED:		
WORKER COMMENTS/FEEDBACK:	FOLLOW-UP ACTIONS	FOLLOW- UP ACTIONS	CHECK IF COMPLETED:
	ASSIGNED TO:	DUE BY:	

To be signed by all employees, contract workers, clients and others who participated in the safety talk prior to commencing work. For those arriving to the work site later, have them review the notes and also sign below.

PRINT NAME	Position	Signature
TIME MEETING ENDED:		

PLEASE ATTACH ADDITIONAL PAGES IF YOU REQUIRE MORE ROOM

