

WORKER COMMENTS/FEEDBACK:	IF REQUIRED:		
	FOLLOW-UP ACTIONS ASSIGNED TO:	FOLLOW-UP ACTIONS DUE BY:	CHECK IF COMPLETED:
			<input type="checkbox"/>
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			<input type="checkbox"/>

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:	
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PLEASE ATTACH ADDITIONAL PAGES IF YOU REQUIRE MORE ROOM