



JOB SITE/PROJECT NAME:	
DATE:	SUPERVISOR:

SAFETY MEETING AGENDA:

1. Review of any safety inspections conducted since the last safety meeting.
2. Review any new DOSH/OSHA citation(s) to assist in correction of hazards.
3. Share lessons learned from recent accident investigations.
4. Inquire about any unreported injuries, near miss events, or safety concerns
5. STOP WORK AUTHORITY – It’s an obligation, not a privilege

Other Subjects Discussed:

- a. _____
- b. _____
- c. _____
- d. _____

ATTENDANCE:

Note: By Initialing this form I am certifying my attendance and that I have properly reported all on the job injuries.

	NAME (Please Print)	Initials		NAME (Please Print)	Initials
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		
13.			14.		
15.			16.		
17.			18.		