



Monthly Safety Meeting Notes

Member Entity _____ Department _____

Date _____ Training Conducted By: _____

| Training Topics Discussed | |
|---------------------------|-------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| Training Resources | Title of Material |
| Safety Talk | |
| Video | |
| Handouts | |
| Other | |

| |
|--|
| Other topics discussed or questions addressed: |
| 1. |
| 2. |
| 3. |

| | <u>Employees Present</u> | |
|-----------------------------------|---------------------------------|-----------|
| NAME AND TITLE: (PLEASE PRINT) | DEPARTMENT | SIGNATURE |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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**NAME AND TITLE:
(PLEASE PRINT)**

DEPARTMENT

SIGNATURE

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Additional Monthly Safety Meeting Notes:

Email notes to brennanh@amljia.org or fax to 907-279-3615