



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.

Employees Present

NAME AND TITLE: (PLEASE PRINT)	DEPARTMENT	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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