Contractor Health & Safety Meeting Report
Minutes of Meeting # [*Number*]

Date			Time
Day	Month	Year	❑ AM
			❑ PM

Project Name: _____

Project No: _____

Site Super: _____ **Safety Rep:** _____

Attendance:

Name	Company	Name	Company

(If more workers are present, continue sign-in on back of sheet)

Minutes:

Item #	Description	Action By
1.	**Recent Accidents/Incidents:**	
2.	**Current Site Specific Safety Issues**	

3.	Upcoming/Future Site Specific Safety Issues	
4.	Other Safety Comments or Concerns	

Safety Rep's Signature _____