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| **SAFETY MEETING RECORD** |
| **Meeting Date:** | **Time of Day:** ampm |
| **Location:** |
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| **Topic(s) Covered: Attach handouts or other materials used for this meeting to the back of this form.** |
| **Person(s) Conducting Meeting:** |
| **Employee Signatures**By signing this form I am certifying that I attended this meeting on the date, time, and location specified; that the meeting covered all of the topics described on this form; that I understood the material; and that I had the opportunity to ask questions to seek clarification of any and all items I did not understand. |
| **Print Name** | **Sign Name** |
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| **Follow-up Safety Meeting (For those absent from 1st meeting.)****This form should be used to document training for any / all employees that were not present at the original safety meeting or for those employees that required additional training on the topic.** |
| **Topic(s) Covered: Attach handouts or other materials used for this meeting to the back of this form.** |
| **Person(s) Conducting Meeting:** |
| **Employee Signatures**By signing this form I am certifying that I received follow-up training on the date specified below; that the training included all of the topics described on this form; that I understood the material; and that I had the opportunity to ask questions to seek clarification of any and all items I did not understand. |
| **Print Name & Job Title** | **Sign Name** |
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