



Safety and Health Manual Supervisor Safety Meeting Record

Agency Name:		
Supervisor Name:		
Date of Meeting:	Date of Previous Meeting:	
Meeting Location:		
Safety Meeting Topic:		
Topic Presented By:		
Employees in Attendance		
Employee Name (Printed)	Employee ID or PERNR	Employee Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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10.		
11.		
12.		
13.		
14.		
15.		

Attach continuation sheet(s), if necessary.