

## MONTHLY SAFETY MEETING MINUTES AND ATTENDANCE RECORD

**Company Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time Started:** \_\_\_\_\_ **Time Finished:** \_\_\_\_\_

**Instructed By:** \_\_\_\_\_ **Number Attending:** \_\_\_\_\_

**Subject Covered and Comments:**

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By my signature below, I certify that I attended and participated in this Safety Meeting and I understand the material presented.

Employee Name (Please print)	Employee Signature	*License Expires	**Endorsements	***Physical Exam
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

\*Driver licenses may be for multiple years and require HazMat testing between license renewal periods. List expiration date.

\*\*Check licenses for proper endorsements and re-testing. (HazMat) List endorsements in this column.

\*\*\*Physical Examinations are good for 2 years from the original date of the exam or sooner by Physician's request. List original exam date in this column.

By my signature below, I hereby certify that the employees listed above have been trained in accordance with the applicable regulations and curriculum for this monthly safety meeting.

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_