

Safety Meeting Template Word

Company: _____

Date: _____

Location: _____

Facilitator: _____

Discussion Points:

1. _____
2. _____
3. _____

Safety Concerns Addressed:

- _____
- _____
- _____

Action Plan:

Identified Issue	Action Required	Assigned To	Due Date

Attendee Signatures:

Name	Signature	Date

Follow-Up:

Yes

No

If Yes, specify:

○ _____