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|  | **SAFETY MEETING** |  |  |
|  | ATTENDANCE SHEET |  |
|  |   |  |  |  |  |  |  |  |  |
|  | **DATE:** September 12, 2011 |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
|  | **START:** 09:00 AM | **END:** 02:00 PM |  |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **SIGNATURES OF PARTICIPANTS** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **No.** | **Name** | **Signature** |  | **No.** | **Name** | **Signature** |  |
|  | 1 | John Doe |  | 15 | John Doe |  |  |
|  | 2 |  |  | 16 |  |  |  |
|  | 3 |  |  | 17 |  |  |  |
|  | 4 |  |  | 18 |  |  |  |
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|  | 6 |  |  | 20 |  |  |  |
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|  | **TOPICS COVERED** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Check off items** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | [ ]  | General Safety Mistakes |  |
|  | [ ]  | Fire and Electrical Safety |  |
|  | [ ]  | Reporting, Prevention, And Costs |  |
|  | [ ]  | Ergonomic and Workplace Stress |  |
|  | [ ]  | Heat Exhaustion and Safety |  |
|  | [ ]  | Silica Dust and Protection |  |
|  | [ ]  | Workplace Injuries |  |
|  | [ ]  | Drugs on The Job |  |
|  | [ ]  | Communication Issues and Safety |  |
|  | [ ]  | Violence at The Workplace |  |
|  | [ ]  | Lorem Ipsum |  |
|  | [ ]  |  |  |
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|  | **Name of person conducting the training:** |  | **Signature:** |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | \*) Please attach any supporting documents to this form. |  |
|  |  |  |  |  |  |  |  |  |  |  | [© TemplateLab.com](https://templatelab.com/) |  |