



MOBILIZATION OPTIMIZATION STABILIZATION AND TRAINING

Job-Site Safety Meeting Report

Contractor Name _____

Client Name _____

Job-site Location _____

Meeting Date _____

Persons Conducting Meeting _____

Number of Employees Present _____

Others Present _____

Topics Discussed, New Equipment, Procedures, Accidents etc. _____

Remarks / Suggestions

Employees sign back of sheet:

Copies to: (1) Contractor Superintendent, (2) Local Lodge Committee and (3) Job-site Committee