WEEKLY SAFETY MEETING REPORT

HAZCO
A Division of CCS Income Trust

Job# _____

Department: _____ Location: _____

Date: _____ Number Present: _____ HAZCO: _____ Contract: _____ Time taken: _____

Subject: _____ Chaired by: _____

STATUS OF PREVIOUS MEETING RECOMMENDATIONS:

BRIEF OUTLINE OF DISCUSSION:

SAFETY RECOMMENDATIONS:

ACTION TAKEN:

ATTENDEE'S SIGNATURES

Supervisor's Signature: _____

On completion - this must be forwarded with your safety paperwork weekly to the safety coordinator