



SAFETY MEETING AGENDA

MEETING LEADER: _____

JOB NAME/#: _____

DATE: _____

MUSTER POINT: _____

THIS WEEK'S TOPIC (REVIEW INCIDENTS, NEAR MISSES, JOBSITE SAFETY ITEMS, NEW EVENTS, TOPICS):

WORKER SAFETY RECOMMENDATIONS/CONCERNS:

REVIEW RECENT JOB SAFETY INSPECTION:

ATTENDANCE: (ALL PERSONS ATTENDING MUST SIGN IN)

FOUSHÉE EMPLOYEES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBCONTRACTORS: (NOTE: EMPLOYER NAME AFTER SIGNATURE)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***I have reviewed my company's Project Safety Plan and I understand all the General Safety Rules and specific job site hazards. I have been made aware of the work-related hazards that I may be exposed to, including chemical hazards that have been identified to me. I understand that if I have any questions I may talk to my supervisor.**



FOUSHÉE JOB SAFETY INSPECTION

JOB NUMBER: _____

DATE: _____

JOB NAME: _____

INSPECTION BY: _____

SUPERINTENDENT: _____

		YES	NO	ACTION NEEDED (BY WHOM)	CORRECTED (WHO/DATE)
1.	Housekeeping: Walkways & aisles are adequate and clear of debris. Holes 1" & greater covered/secured and marked "hole".	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Work areas clear of rubbish, debris, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Site is organized and clean.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Floor & roof areas protected with guardrails or area is secured.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Ladders & scaffolds erected properly and tied off. Inspected before use.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Fall protection used (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Fall protection plans posted.	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Hand & power tools in proper and safe conditions.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Illumination & ventilation adequate.	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Sanitation adequate.	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Hard hats & safety shoes used.	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Eye & ear protection used (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	First aid supplies are adequate and in order.	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Fire extinguishers are readily available with current annual and monthly inspection.	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Equipment grounded and cords checked.	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Flammable and combustible liquids & materials are stored in proper containers.	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Storage areas for all materials in proper condition.	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Safety rules are being followed.	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Hazardous chemicals properly handled.	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Accident safety sign current with actual number of accident free days.	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Safety bulletin board and jobsite signage is neat and up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Material Handling (forklifts, cranes) operators are certified and equipment inspected daily.	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Aerial lift operators are qualified, and equipment inspected daily.	<input type="checkbox"/>	<input type="checkbox"/>		

GENERAL NOTES:
