

## MONTHLY UNIT SAFETY MEETING ATTENDANCE DOCUMENTATION

NOTE: This form, or a similar record, must be completed for each safety committee meeting held.

Division: _____	Unit: _____
Meeting Leader/Chair: _____	Title: _____
Meeting Date: ____ / ____ / ____	Time: _____ AM/PM
Topics:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
Meeting notes must be recorded for the Safety Committee and maintained in the Department's files. Attach meeting notes and any additional documentation (handouts to this form).	

**Names of Attendees:**

Print your name: (Last, First)

Sign your name: (Signature)

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