

Scaffold Load Capacity and Material Handling

SUPERVISOR OBSERVATIONS

List the hazards which the supervisor has observed since the previous safety meeting and the remedies used to correct them.

WORKERS OBSERVATIONS

List the hazards which the worker has observed since the previous safety meeting and the remedies used to correct them.

RESTATE COMPANY WORK RULES WHICH HAVE BEEN VIOLATED

HAZARDS NOT CORRECTED

Enter any hazards (yours or other contractors) that have not been resolved since the previous meeting and the plan of action taken.

NEW TOOLS & EQUIPMENT

List any new tools or equipment which have been placed into service on the jobsite since the last safety meeting and record any special safety concerns.

I acknowledge having attended and participated in this Safety Training Session. I further understand that I am an integral part of this project's safety process.

Employee Name (print clearly)

Employee Signature

Safety Session Presenter's Name (print clearly)

Presenter's Signature

Safety Session Recorder's Name (print clearly)

Recorder's Signature
