



Emergency Preparedness

Is your family ready?

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Safety Talk

MEETING DESCRIPTION			
Meeting Date:		Time:	
Location:		Supervisor:	
Number in Crew:		Number Attended:	
Attended By:			Absent

REVIEW ITEMS FROM PREVIOUS MEETING	INCIDENTS/INJURIES REVIEWED

TOPICS DISCUSSED
1.) Hand Safety – Stored Energy

WORKERS CONCERNS

CORRECTIVE ACTIONS TO BE TAKEN

MEETING CONDUCTED BY			
Supervisor:		Manager:	
Date:		Date:	