

Safety Coordination Meeting Minutes

Project Name:

Location:

Date & Time:

Meeting No.:

Facilitator:

Recorder:

1. Attendance

Name	Company/Organization	Role	Signature

2. Previous Meeting Follow-Up

Item	Description	Status

3. Incident/Accident Report

Date	Description	Action Taken

4. Current Safety Issues

Issue	Responsibility	Target Date	Status

5. Positive Observations

Observation	Remarks

6. Toolbox Topics / Training

Topic	Presenter	Date

7. Next Meeting

Date:

Time:

Location:

Facilitator Signature:

Date:
