

Form Number LLCF-049	Issue Date 12/29/09	Revision Date 01/15/26	Form Number LLCF-049
	<b>Morning Safety Meeting Sign-In</b>		

Supervisor's Name: \_\_\_\_\_ Supervisor Company: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Area: \_\_\_\_\_ Customer: \_\_\_\_\_

Conducted By: \_\_\_\_\_ Title: \_\_\_\_\_

GIS Company Name: \_\_\_\_\_

**TOPICS COVERED:**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**EMPLOYEES IN ATTENDANCE**

**PRINT**

**SIGN**

- |     |       |       |
|-----|-------|-------|
| 1.  | _____ | _____ |
| 2.  | _____ | _____ |
| 3.  | _____ | _____ |
| 4.  | _____ | _____ |
| 5.  | _____ | _____ |
| 6.  | _____ | _____ |
| 7.  | _____ | _____ |
| 8.  | _____ | _____ |
| 9.  | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |

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- 31. \_\_\_\_\_
- 32. \_\_\_\_\_
- 33. \_\_\_\_\_
- 34. \_\_\_\_\_
- 35. \_\_\_\_\_
- 36. \_\_\_\_\_
- 37. \_\_\_\_\_
- 38. \_\_\_\_\_
- 39. \_\_\_\_\_
- 40. \_\_\_\_\_
- 41. \_\_\_\_\_
- 42. \_\_\_\_\_
- 43. \_\_\_\_\_
- 44. \_\_\_\_\_
- 45. \_\_\_\_\_
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- 47. \_\_\_\_\_
- 48. \_\_\_\_\_
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- 50. \_\_\_\_\_
- 51. \_\_\_\_\_
- 52. \_\_\_\_\_
- 53. \_\_\_\_\_
- 54. \_\_\_\_\_
- 55. \_\_\_\_\_
- 56. \_\_\_\_\_
- 57. \_\_\_\_\_
- 58. \_\_\_\_\_
- 59. \_\_\_\_\_
- 60. \_\_\_\_\_

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13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

**MEETING MINUTES**

*Identify meeting minutes brought up by crew during meeting and turn in to appropriate personnel for answers at next meeting.*

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