



DAILY SAFETY SIGN-IN

THINK. PLAN. SPEAK UP. WORK SAFE. EVERYONE GOES HOME.

SAFETY TOPIC: _____ DATE: _____

JOB / PROJECT: _____ LOCATION: _____

PRESENTER / SUPERVISOR: _____ COMPANY / CREW: _____

ATTENDANCE & ACKNOWLEDGMENT

By signing, I confirm I attended and understand today's safety discussion.

#	PRINTED NAME	SIGNATURE	COMPANY / CRAFT
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PRESENTER SIGNATURE: _____ TIME: _____ DURATION: _____