**Company**

**Address**

**Phone:**

**Fax:**

**Emergency Number(s): 911**

**Job Name:**

**Site Name:**

**Address:**

***Project Super:***

***Job Foreman:***

***Competent Person:***

***Safety Person:***

**GC: Contacts:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety Meeting/Topic** | **Date** | **Topic #** | **Time** | **Site** |
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| *If additional space is required, list safety meeting information on reverse. Keep signed copies in folder.* | | | | |

**Special Instructions**

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| --- |
| WEEKLY SAFETY MEETINGS REQUIRED!!! Please list them above and **TURN IN** signed copies on a weekly basis. |
| **-** |
| **-** |
| **-** |
| **-** |

**Directions to Jobsite:**

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|  |

**Vendor List Name Phone Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Supplier** |  |  |  |
| **Crane** |  |  |  |
| **Forklift/Man Lifts** |  |  |  |
| **Insulation** |  |  |  |

Project Information Sheet