**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *If additional space is required, list safety meeting information on reverse. Keep signed copies in folder.* |

**Special Instructions**

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

**Directions to Jobsite:**

|  |
| --- |
|  |
|  |

**Vendor List Name Phone Contact**

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

Project Information Sheet