



Email: info@Sierra-NY.com Phone: 646-655-7476
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Pre-shift Safety Meeting

Contractor: _____

Competent Person conducting meeting: _____

Signature: _____

Date: _____ Time: _____

- Review status of concerns from previous meeting;
- Discuss safety items such as equipment conditions or problems;
- Discuss any Safety Violations and if any action needed;
- Discuss any accidents or near misses;
- List and discuss a planned safety topic such as Weather Conditions, Road Conditions, Communications, Getting on and off equipment, Ground Control, Health and Safety Standards, First Aid and Accident Prevention;

□ _____

Signature of Employees Attending

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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10. _____

11. _____
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20. _____