Date	ty Meeting/Read File Record
Department	Location
Time Spent	Supervisor
Place a ✓ in the boxes that apply [ ] This was a designated month [ ] The County Safety Newsletter [ ] Other distributed Safety Infor	ly Safety Meeting. r was reviewed for the month of

Job Title

- [ ] This was a designated Safety Training session; Topic\_\_
  [ ] Video, Presentation or handouts used (copy attached)\_
- [ ] Training by guest speaker: Name\_\_\_\_\_

Date Read **EMPLOYEE NAME** SIGNATURE

Date Read	EMPLOYEE NAME	<u>SIGNATURE</u>