

## **5 MINUTE SAFETY TALKS ATTENDANCE**

| Date  | Time |          | Given by |
|---|------|----------|----------|
| Company:  |      | Location |          |
| Topic   |      |          |          |
| Please print your name and sign   |      |          |          |
| Name Signature  |      |          |          |
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| By signing this form, I acknowledge that I was present at this safety talk and understood the topic being discussed. I was given a chance to ask questions and/ or raise concerns about this topic as it relates to my job. |      |          |          |
| Concerns raised and action taken:   |      |          |          |
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| Signed By:  |      |          | ate:     |