Safety Talk

Safety Talk Attendance Form

SAFETY TALK TOPICS COVERED:

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RESOURCES USED (Attach Copies if Required):

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DATE:

_____

CONCERNS/ISSUES:

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RESPONSE/FOLLOW-UP ACTIVITIES:

_____

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_____

PARTICIPANTS:

Name	Signature

INSTRUCTOR NAME (PRINT):_____

INSTRUCTOR SIGNATURE:_____

INSTRUCTOR TITLE: _____

PROPANE education & research COUNCIL

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