



**SIERRA COUNTY EMPLOYEE SAFETY MEETING REPORT**

DATE:

SEND TO: Loss Prevention Specialist

The Safety Meeting was held by:

Signatures of attendees:

_____	_____
_____	_____
_____	_____
_____	_____

TOPIC DISCUSSED:

Brief description of meeting topic:

Any issues or concerns:

Trindel Incident/Hazard Report forms available? Yes \_\_\_\_\_ No \_\_\_\_\_

Need new forms? Yes \_\_\_\_\_ No \_\_\_\_\_