## FORM 1.1. SAFETY MEETING / TOOL BOX MEETING REPORT

LOCATION: _____ DATE: _____

| **ATTENDEES:** (Company) | **REPRESENTATIVE:** (Name and/or Signature) |
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| **SAFETY ISSUES (CONCERNS, P.P.E., HAZMAT, etc.)** | **SUGGESTED CORRECTIVE MEASURES:** |
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SIGNATURE: _____
(Superintendent or designated safety officer)

Copies: Superintendent, **édifice** Office, and WCB (upon request),