

Gyp-Tec Drywall Inc.

Safety Meeting/Tool Box

Date: _____

Address/Project: _____

Meeting Conducted By: _____

Number in Crew: _____

Review of Last Meeting:

Topic of Meeting:

Suggestions Offered:

Actions to Be Taken:

Injuries/Incidents Reviewed:

PPE Required: Safety Boots Eye Protection Hard Hat Vest Gloves Other _____

All attendees of this meeting must inspect their PPE prior to use. Signing confirms inspection was completed

Management Signature: _____

Review Date: _____

Any signatures below not signed or digitally signed using Adobe, must be confirmed and accepted by Manager prior to Managers signature. Managers signature indicates all listed below were in attendance and "signed".

