

# 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".

