PRE-JOB SAFETY MEETING

(Must be completed before Project/Job starts)

CF-S-03

CUSTOMER: _____ **JOB NUMBER:** _____ **DATE:** _____

WORKSITE LOCATION: _____ **SUPERVISOR:** _____

PROJECT NAME: _____ **FOREMAN:** _____

DISCUSSION CHECKLIST

Project	HIAC	Job Specific	Special Requirements
☐ Scope of Work	☐ Job Safety Plan/ HIAC	☐ Work area layout	☐ PPE
☐ Project Schedule	☐ Hours of Work	☐ Location of restricted work areas	☐ WHMIS
☐ Critical Tasks	☐ Permit approvals	☐ Contractors	☐ Review of applicable regulations
☐ ERP Plan	☐ Safe Job Procedures/Practices	☐ Communication - Radios, phones	☐ TDG
☐ Equipment Required		☐ First Aid Locations/Attendants	☐ Training/competency

Topic Reviewed and Discussed (brief description in writing)

Distribution: Original – Central, Photocopy to Local Office & Client (if requested)

STRIKE	PRE-JOB SAFETY MEETING *(Must be completed before Project/Job starts)*	CF-S-03

Topics Reviewed and Discussed (continued…)	Attendance	
	Print	Sign
Action Items and Follow-up Responsibility		
Items / Responsibility		
	Attach additional sheet if necessary	

Management Review and Sign-Off

	Name(print)	Signature	Position	Date
Line Management				
Senior Management				

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