# Contractor Health & Safety Meeting Report

| Date of meeting | Time ◯ AM ◯ PM |
|---|---|
| Project number | Page 1 of 1 |

*Note: This form is to be completed on site by site supervisor and is a suggested format for contractor meetings.*

| Location | Contractor name |
|---|---|
| Name of contractor's supervisor | Name of contractor's worker representative |

Description of topics discussed

Briefly describe any legislative occurrences since the last meeting

*Corrective action(s) taken*

Describe any accidents and injuries since last meeting

List employees present:

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Supervisor's signature