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| **Date:** |  |
| **Location:** |  |
| **Job:** |  |
| **Supervisor Name:** |  |

**ATTENDANCE**

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| --- | --- | --- | --- | --- |
| **Name** | **Company** |  | **Name** | **Company** |
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| Job Description: |

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| Site Specific Hazards: |

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| Safety Precautions / Hazard Controls (e.g. signs, barricades, isolation, etc.): |

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| Site Specific Procedures (e.g. confined space entry): |

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| Personal Protective Equipment: |

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| Emergency Procedures (e.g. muster location, emergency phone list location, alarms etc.): |

1. **Is a safe work permit required?**
2. **Are any other permits required (e.g. ground disturbance, confined space)?**
3. **Have contractors received an orientation (i.e. copy of the Contractor’s HSE Orientation pamphlet)?**

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| **Work Site Supervisor (signature)** |  |