

INJURY AND ILLNESS PREVENTION PROGRAM

REPORT OF SAFETY MEETING INFORME SOBRE LA REUNION DE ASUNTOS DE SEGURIDAD			
Employer/Patron			
Job Location/Ubicación Del Trabajo - Department/Departamento		Date/Fecha	
Incident/Injury or Illness Reviewed/Investigación de Incidentes/Lesiones o Enfermedades		Employee's Name/Signature-Nombre Del Empleado Firma	
		1	
		2	
		3	
		4	
Subjects Discussed/Temas Discutidos		5	
		6	
		7	
		8	
		9	
		10	
Suggestions/Sugerencias- Recommendations/Recomendaciones		11	
		12	
		13	
		14	
		15	
		16	
		17	
Action Taken/Supervisor's Comments Medidas Tomadas Comentarios del Supervisor		18	
		19	
		20	
		21	
Supervisor's Name/Nombre Del Supervisor-Signature/Firma			

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STATE COMPENSATION INSURANCE FUND

INSTRUCTIONS: Keep your meetings brief. Cover only one subject. Use an object to focus employee attention.

NOTE: In addition, you should note this training on individual employee training records.