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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)** |  |