

FARGO PARK DISTRICT SAFETY MEETING OUTLINE



Department: _____ Date: _____

SUBJECT: _____

- I. _____
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

- II. _____
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

Special Topics for Your Project: _____

Employee Safety Recommendations: _____

Reviewed MSDS# Subject: _____

ATTENDED BY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor(s): _____

Supervisor's Signature: _____

This form will be reviewed at the next Safety Committee Meeting

RETURN THIS FORM TO THE SAFETY COORDINATOR @ jbuzick@fargoparks.com