_____(mo/yr)

MEETING MINUTES & ATTENDANCE RECORD

Company Name:_____

City:_____ **State:**_____

Date:_____ **Time Started:**_____ **Time Finished:**_____

Instructed By:_____ **Number Attending:**_____

Subject Covered and Comments:

1. _____
2. _____

_____

_____

_____

_____

By my signature below, I certify that I attended and participated in this Safety Meeting and I understand the material presented.

Employee Name (Please print)	Employee Signature	License Expires *	Endorsements**	DOT Physical Expires***
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

List driver's license expiration date in this column.
Check licenses for proper endorsements and re-testing (For example: "HazMat") ***List endorsements in this column.*
****List DOT physical expiration date in this column.***

By my signature below, I hereby certify that the employees listed above have been trained in accordance with the applicable regulation and curriculum for this monthly safety meeting.

Instructor's Signature:_____

Date:_____

E-Mail to: llsafety@lamptonlove.com