



# PRE-MEETING SAFETY TASK ANALYSIS

Assessment Date \_\_\_\_\_

Name of Meeting \_\_\_\_\_

Location \_\_\_\_\_

Special Considerations \_\_\_\_\_

### Meeting Checklist:

Emergency Exits \_\_\_\_\_

Qualified CPR \_\_\_\_\_

Site Specific Risks \_\_\_\_\_

Evacuation rendezvous point \_\_\_\_\_

Safety / Emergency Equipment \_\_\_\_\_

911 contact \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

### Wellness Message:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ATTENDEES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Names (Print)

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Wherever you are,  
Whatever you're doing,  
Make Every Day a Safe Day