

Appendix I  
**Safety Meeting Checklist**

Date : \_\_\_\_\_

1. Devotional or Prayer and a general Habitat orientation.
2. Introduction of Future Homeowner (if present)
3. Identification of Site Leader and House Leads.
4. Encouragement to offer Hazard Reports – self corrected or reported to Site Leader.
5. Evacuation Plan and location of plan posted on site.
6. Location of first aid kit and identification of those with First Aid and CPR training.
7. Location of fire extinguishers.
8. Reminder to return all tools and PPE (clean).
9. Day's work plan.
10. Safety Talks specific to that day's work.
11. Training on appropriate tools or equipment.
12. Establishment of competent persons for power tool use and roof work.
13. Crew assignments.

**The following person presented the Safety Meeting:**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**The following persons, by signing, state that they were present at the Safety Meeting and the above items were covered in an understandable way:**

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

The following sign stating that he/she was not present for the Safety Meeting but were given the above items at another time or watched a video recording of the Safety Meeting:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

The following participated in training for \_\_\_\_\_:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

The following participated in training for \_\_\_\_\_:

- |         |         |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

I inspected my Personal Fall Arrest System and have been trained in its use:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Hazard Reporting**

Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Identified Hazard: \_\_\_\_\_

\_\_\_\_\_

Corrective Measure Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hazard Addressed in Health and Safety Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)