

**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
SAFETY/RISK MANAGEMENT DEPARTMENT**

Safety Meeting Documentation Form

This form will serve as a record for each periodic occupational Safety Meeting held in your campus or department. Please complete and return a copy to the Safety/Risk Management Office and retain the original for you files.

Campus/Department: _____ **Date:** _____

Topic (Briefly explain): _____

Employees please sign in below:

Employee's Name – Please Print	Employee's Signature
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Employee's Name – Please Print	Employee's Signature
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You may use the back of this sheet if needed to add additional names/signatures.

Means and/or media used to convey message (safety manual, video, speaker, demonstration, discussion, etc.) _____

Signature of Principal/Department

Signature of Safety Representative

Discriminatory Statement

It is the policy of Edinburg CISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its educational programs.