

ONTARIO INSULATION OSHAWA LIMITED

DAILY/WEEKLY SAFETY TALK

COMPLETED BY: _____

DATE: _____

JOB # _____

TIME _____

DAY SITE SPECIFIC TOPIC(S). LIST TOPIC DISCUSSED

1
2
3
4
5
6
7

CREW ATTENDING : Print name and initial* under applicable day

PRINT NAME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

***By initialing this document, I have read, understood, and participated in the daily safety talk.**

DAY LIST OTHER TOPICS, CONCERNS, FOLLOW-UP DURING THE SAFETY TALK

1
2
3
4
5
6
7
