

PRE-START MEETING

SS-WHS-SAF-000

Authorised By:

Rev 1 [Publish Date]



SITE / PROJECT			
SUPERVISOR		DATE	

Works to be completed this shift:*What work is being completed?***Hazards, safety alerts or issues:***Discuss hazards and controls as well as recent safety alerts or issues.***Feedback from staff:***Ensure staff are given an opportunity to voice concern or issues.***SIGNOFF**

Name and Signature	Name and Signature