

Exhibit 1 **Safety Meeting Minutes Form**

	ng Type			Date:								
	-work Safety Meeting			CP or TSL:								
	neral Safety Meeting			Block:								
	ety Committee Meeting			Road Name (km if applicable)								
	nual Safety Meeting											
\Box Oth	er:			Other:								
Attendance (print and sign name) **FOR PROJECT SIGN-IN USE SUPPLEMENTARY FORM**												
		Q 4 1	T. D									
Yes N/A	A	Safety	Yes N/A	eviewed								
Yes N/A		D 1:		E 1 2 1 1 4	<u> </u>	1						
	Duz Cho Health and Safet		Employee's right to refuse unsafe work									
	Review of all worksite haz			Review of established steep slope safe work								
	controls (include all recen		practices and/or falling plan where applicable									
	Discuss applicable emerge	•		Location of safety minutes and documentation								
	response plan (Duz Cho or Review of Worksite Emer		(including MSDS) MANDATORY PPE FOR THE WORKSITE									
	-location details and direct											
	-FIRST AID CONTACTS	片片		ure and Man-Check System								
	-Location of ETV and Fire	片片		view recent incident/accident reports minder of Safety Committee Members								
			Block and road chann									
	Safety Channel (if not on '	WEP)		Block and load chain	ieis							
	NOTE: The above its	me are mand	etory for	project pre-work (sign	in) meetings							
	NOTE. THE above he	are manu	atory 101	project pre-work (sign	i-iii) ilicctiligs.							
Corre	ctive Action Update (outstand	ding applicabl	e correcti	ve actions)								
Ref		Corrective A			Date to be							
#	Detail	be take		Responsibility	completed	Priority						
I IF		oc take	C11		Completed							
					<u> </u>							
Update:												
					I.							
Update:												



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New Business & Discussion Notes:										
New Corrective Action items Note that HIGH priority items require immediate attention prior to the commencement of the next workshift.										
Ref #	Detail	Action to be taken	Responsibility	Date to be Completed	Actual Completion Date	Priority				
Next meeting: Prepared by:										