|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Safety Meeting Record Form** | | | | | | | |
| Company Name |  | | | Meeting Number | | |  |
| Regulation Ref # | 1910.251-255 | | | Topic | | | Welding |
| **Welding, Cutting, Brazing – Safe Work Practices** | | | | | | | |
| * Wear proper, welding rated, PPE that includes:   1. Heat and impact resistant eye and face protection.   2. Clothing that is rated against sparks and covers the skin.   3. Leather coverings for very hot work.   4. Dry welder’s gloves for arc welding.   5. Respirators to prevent inhaling dangerous fumes. * Be familiar with the equipment manual, the safety data sheets, and cylinder labels. * Areas that welding is performed in must be fire proof or fire protected with flame shields. * Removable flammable items, such as trash and paper, from welding areas. * Make sure that the ventilation is adequate, and is set to blow fumes away. Cover any ducts that may carry sparks. * Set a fire watch, who is trained on recognizing fire hazards and using the extinguisher. * Never smoke in a welding area. * Welding work in confined spaces must be authorized with a confined space permit. | | | | | | | |
| **Additional Notes** | | | **Meeting Documentation** | | | | |
| *List any special requirements for this work group or any additional topics discussed.* | | | Meeting Date / Time | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Meeting Leader | |  | | |
| Work Area | |  | | |
| Attendees | | | | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **Additional Information** | | | | | | | |
| SDS Reviewed | |  | Accident Report Reviewed | | |  | |
| Procedure Reviewed | |  | Policy Reviewed | | |  | |