



CLOVIS FIRE DEPARTMENT MONTHLY STATION SAFETY MEETING DOCUMENTATION

Station _____ Month _____ Year _____

A-Shift	Meeting Date _____	Co. Officer _____
B-Shift	Meeting Date _____	Co. Officer _____
C-Shift	Meeting Date _____	Co. Officer _____

Please complete the form and turn it in to Battalion Chief in charge of safety by the 20th of each month.

Headquarters:

Smoke Detector Checked by _____ Shift.

JS _____

Company Officer check Turnouts Log. A___ B___ C___

DG _____

Review and have crew initial safety bulletins.

MA _____

Enter training records (see example attached).

ER _____

Reviewed by Safety Committee on _____.

MK _____

Checked and dated extinguisher on _____.

JM _____

LC _____

WD _____

TG _____

RL _____

LC _____

SH _____

I. List all injuries/accidents in the log book for the current month. Include name, date, injury, and witness.

1. _____

2. _____

3. _____

4. _____

II. List all of the safety requests for the current month. Include need, reason, remedy sought, contact person, and shift.

A-SHIFT 1. _____

Committee Recommendation: _____

A-SHIFT 2. _____

Committee Recommendation: _____

B-SHIFT 1. _____

Committee Recommendation: _____

2. _____

Committee Recommendation: _____

C-SHIFT 1. _____

Committee Recommendation: _____

2. _____

Committee Recommendation: _____
