PRE-JOB BRIEFING AND POST-JOB REVIEW ATTENDANCE FORM

NOTE: Add additional pages if needed for signatures.

Page _____ of _____

Supervisor in Charge of Job

Work plan/Job:

Worker signature confirms that the work process, scope, and controls are understood that work can be performed and controls implemented as written, that responsibility for stopping work is understood, and that the worker is fit for duty.		Worker signature confirms that all issues, potential issues, injuries, process improvements, as well as good work practices that were observed during the work activities have been communicated to Supervision/CTR.	
Pre-Job Briefing Date:		**Post-Job Review Date:**	
Worker Signature	**Badge#**	**Worker Signature**	**Badge#**