



**CRUM & FORSTER®**

A FAIRFAX COMPANY

*Contact Information*

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## Safety Meeting Record

[www.cfins.com](http://www.cfins.com)

Date:		Time: Hours _____ Minutes _____	
Company Name:		Address:	
City:	State:	Zip:	
Topic(s):			
Instructor(Print Name):		Instructor (Signature):	
Instructor(Print Name):		Instructor (Signature):	
Instructor(Print Name):		Instructor (Signature):	
Instructor(Print Name):		Instructor (Signature):	
Instructor's Company/Address/Telephone/email address/Cell Phone #, if outside the company			
Materials used at meeting (Attach copies of any printed materials distributed)			
<b>NOTES</b>			

