STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CONSTRUCTION SAFETY REPORT

CEM-0601 (REV 04/2001)

FIELD OFFICE OR JOB STAMP

1. TYPE OF REPORT

☐ PROJECT SAFETY REVIEW ☐ *PUBLIC SAFETY* ☐ *CT EMPLOYEE SAFETY*	☐ CONTRACT ADMINISTRATION	☐ TAILGATE SAFETY MEETING

NAME	TITLE	DATE
NAME	TITLE	DATE
NAME	TITLE	DATE

2. DISCUSSION *(List Inspection Findings or Safety Topics Discussed)*

3. ACTIONS TAKEN *(List Corrective Actions or Recommendations)*

4. SUPERVISOR'S COMMENTS *(List comments, instructions, etc.)*

5. SIGNATURES OF EMPLOYEES PRESENT *(Use attached sheet for additional signatures)*

SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE OF 1st LINE SUPERVISOR		DATE
SIGNATURE OF 2nd LINE SUPERVISOR		DATE
SIGNATURE OF SAFETY OFFICER		DATE

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