



## National Safety Stand-Down for Preventing Falls in Construction

Today's Date: \_\_\_\_\_

Jobsite/Facility Name: \_\_\_\_\_  
 Jobsite/Stand-Down Address: \_\_\_\_\_

### Attendee Sign- In Sheet

	Company Name	Company Representative Name	How Many Company Members
1			
2			
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x	x	x
Instructor / Trainer Name	Signature	Date

x	x	x
SWR Institute Member Representative	Signature	Date