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