SAFETY DAY ACTIVITY REPORT
TOLEDO TERMINAL
"SECOND TO NONE"

TO: **R. Burkett**
Terminal Superintendant
Toledo Terminal

FROM: Name_____
Craft_____
Location_____
Date_____ 20____

Activity: ( ) Inspection ( ) Injury Analysis ( ) Safety Blitz
(Check Type) ( ) Training ( ) Committee Meeting ( ) Other - Explain

Location: _____

Number of Employees Contacted: _____

Accompanied By: _____

Comments on Activity Task: _____

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SAFETY *is Everyone's Responsibility!*