

Construction Supervisor's Package  
Medication Log

DATE:	EMPLOYEE #:	JOBSITE:	JOB NUMBER:	
	Employee's Name	Doctors Name/Phone Number	Medication / Reason	Dosage
1				
2				
3				
4				
5				
6				

This must be kept current and a copy sent/faxed to the Houston Controls Safety Office. Use a second sheet if necessary.