

Tailgate Meeting Record

Company: _____ Supervisor's Name: _____

Date: _____ Time: _____

Safety Topic(s) Discussed:

1. _____
2. _____
3. _____
4. _____

Participant Names

Participant Signatures

Add additional names on reverse



Corrective Actions Recommended (check V if completed):

- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____

Concerns, Follow-up, Suggested Topics:

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Supervisor's Signature: _____