



## Safety Tailgate Meeting

Date: \_\_\_\_\_ Job #: \_\_\_\_\_ Location: \_\_\_\_\_

### Concerns Addressed

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### Comments or Suggestions

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### Workers Present

PRINT NAME	SIGNATURE	PRINT NAME	SIGNATURE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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## Workers Present

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Hazard Assessment Form Completed?

Yes \_\_\_\_\_

No \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_