



Tailgate Safety Meeting

To be completed by supervisor prior to beginning of new job, when changes in work procedures occur, or when additional hazards are present. Reference the related Job Hazard Assessments and ensure this form is maintained for the new record.

Date: _____

Name, Type and Location of Project or Work Activity:
Job Hazards Reviewed: (see related Field Hazard Assessment)
Tools/Personal Protective Equipment Used:
Names of Employees/Contractors:

Supervisor's Signature: _____ Date: _____