_____- Tailgate Meeting W/E _____

## Sign Off Acknowledgement

By signing below, I agree that I have reported all work related injuries to my supervisor as required by our company's safety policy and attended the safety meeting covering the topics stated on the front sheet of this form.

Job Site Location: _____

Date: _____

Training Done: _____

MSDS Reviewed: _____

Actions: _____

Proper PPE Provided and Worn: _____

| Print Name of Worker | Signature |
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