Weekly Tailgate Safety Meeting Summary

Company: ____________________

Supervisor Jobsite Location:

Date: __________ Topic of discussion:

Date: __________ Topic of discussion:

Date: __________ Topic of discussion:

Date: __________ Topic of discussion:

Date: __________ Topic of discussion:

Date: __________ Topic of discussion:

Sign In Roster

Name	Day Attended: Mon	Tue	Wed	Thu	Fri	Sat

Name	Day Attended: Mon	Tue	Wed	Thu	Fri	Sat

This form has been supplied by Business Staffing, Inc. to be used as a tool to enable our customers to provide a safer working environment for employees.