

## TAILGATE MEETING FORM

Project Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Project Number: \_\_\_\_\_

Presented by: \_\_\_\_\_

Location: \_\_\_\_\_

Weather: \_\_\_\_\_

### Check the Topics/Information Reviewed:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> safety glasses, hard hat, safety boots                        | <input type="checkbox"/> slips, trips, and falls       | <input type="checkbox"/> daily work scope       |
| <input type="checkbox"/> site safety plan review and location                          | <input type="checkbox"/> directions to hospital        | <input type="checkbox"/> emergency protocol     |
| <input type="checkbox"/> equipment and machinery familiarization                       | <input type="checkbox"/> anticipated visitors          | <input type="checkbox"/> parking and laydown    |
| <input type="checkbox"/> employee Right-To-Know/MSDS location                          | <input type="checkbox"/> electrical ground fault       | <input type="checkbox"/> hot work permits       |
| <input type="checkbox"/> open pits, excavations, and site hazards                      | <input type="checkbox"/> public safety and fences      | <input type="checkbox"/> strains and sprains    |
| <input type="checkbox"/> vehicle safety and driving/road conditions                    | <input type="checkbox"/> excavator swing and loading   | <input type="checkbox"/> noise hazards          |
| <input type="checkbox"/> portable tool safety and awareness                            | <input type="checkbox"/> orderly site and housekeeping | <input type="checkbox"/> no horseplay           |
| <input type="checkbox"/> overhead utility locations and clearance                      | <input type="checkbox"/> smoking in designated areas   | <input type="checkbox"/> heat and cold stress   |
| <input type="checkbox"/> first aid, safety, and PPE location                           | <input type="checkbox"/> leather gloves for protection | <input type="checkbox"/> backing up hazards     |
| <input type="checkbox"/> sharp object, rebar, and scrap metal hazards                  | <input type="checkbox"/> effects of the night before   | <input type="checkbox"/> accidents are costly   |
| <input type="checkbox"/> safety is everyone's responsibility                           | <input type="checkbox"/> vibration related injuries    | <input type="checkbox"/> dust and vapor control |
| <input type="checkbox"/> latex gloves inner/nitrile gloves outer                       | <input type="checkbox"/> fire extinguisher locations   | <input type="checkbox"/> refueling procedures   |
| <input type="checkbox"/> excavation/trenching inspections/documentation                | <input type="checkbox"/> eye wash station locations    | <input type="checkbox"/> confined space entry   |
| <input type="checkbox"/> full face respirators with proper cartridges                  | <input type="checkbox"/> decontamination procedures    | <input type="checkbox"/> flying debris hazards  |
| <input type="checkbox"/> upgrade to level C at: FID/PID ( ____ eV ) > ____ ppm         |  |   |
| <input type="checkbox"/> work stoppage at: FID/PID ( ____ eV ) > ____ ppm, % LEL > 10% |  |   |

### Discussion/Comments/Follow-up Actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME

SIGNATURE

COMPANY

_____	_____	_____
_____	_____	_____
_____	_____	_____
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### Instructions:

- Conduct a safety meeting prior to beginning each day's site activities.
- Complete form by checking off specific topics and/or hazards.
- Obtain signatures from all G&M staff and G&M subcontractors.
- Follow-up any noted items and document resolution of any action items.