





Tailgate Meeting w/ Attendance

Project Number:
 Project Name:
 Project Address:
 City / State / ZIP:
 Project Contact:
 Notes:

Report Date:
 Completed By:
 Completed By Email:
 Customer Name:
 Customer Address:
 City / State / ZIP:
 Customer Contact:

General					
#	Item/Question	Yes	No	NA	Comments
1.	Were there any injuries, incidents, or first aid administered? If yes, please describe event.				
2.	Were there any stop work interventions?				
3.	Were there any site visitors today? If yes, please enter the name and company name in the comment field.				

Items Covered in Meeting		
#	Item/Questions	Comments
1.	Description of day's activity/tasks	
2.	Details of work stoppage or intervention (if any)	
3.	Additional discussion topics covered (if any)	
4.	Supervisor/Foreman Notes	

Attendees				
#	Employee Name	Signature	Signature Date/Time	Comments
1.	100 / Employee 1		06/22/2021 16:57	
2.	101 / Employee 2		06/22/2021 16:57	

Acknowledgement			
SIGNATURE NAME	SIGNATURE	SIGNATURE DATE/TIME	SIGNATURE NOTE