



TAILGATE SAFETY SESSION

DISTRICT:	PROJECT NAME:		
DATE:	TIME:	LOCATION:	
WORK LEADER/ SUPERVISOR:			

Members Attending

1.		9.
2.		10.
3.		11.
4.		12.
5.		13.
6.		14.
7.		15.
8.		16.

TOPICS DISCUSSED/IDENTIFY AND LIST ANY ADDITIONAL HAZARDS:	

ADDITIONAL PROTECTIVE EQUIPMENT NEEDED:	

Signature of Work Supervisor:	Date:
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