

Issue Date	Jan. 2, 2013
Revision No.	005
Revision Date	Mar. 27, 2020

Daily Tailgate Safety Form

General Information			
Date:	Time:	Weather:	Name of Person Conducting Meeting:
Client:		Project Location:	
Today's Tasks (Review of relevant JSA):			
Today's Safety Focus and Tasks:			
Discussed the Following:		YES	NO
• Protective Clothing/Equipment		<input type="checkbox"/>	<input type="checkbox"/>
• Physical Hazard(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Chemical Hazard(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Control Methods		<input type="checkbox"/>	<input type="checkbox"/>
• Air Monitoring Action Levels & Requirements		<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Action (nearest phone, extinguisher, 1 st Aid Kit)		<input type="checkbox"/>	<input type="checkbox"/>
• Hospital/Clinic Address & Directions		<input type="checkbox"/>	<input type="checkbox"/>
COVID-19/Pandemic-Specific Discussions:			
• COVID-19 Guidance Document Reviewed		<input type="checkbox"/>	<input type="checkbox"/>
• Exposure Risk Identified (Low / Med / High) Changed		<input type="checkbox"/>	<input type="checkbox"/>
• Self-Check and Temperature Completed		<input type="checkbox"/>	<input type="checkbox"/>
• Segregate Work Areas to Maintain Social Distance (>6ft)		<input type="checkbox"/>	<input type="checkbox"/>
• Shared Work Tools / Documents Disinfected <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Hand Washing Facilities On-Site		<input type="checkbox"/>	<input type="checkbox"/>
• All Waste Maintained On-Site		<input type="checkbox"/>	<input type="checkbox"/>
• "Stay at Home" Order in Place for Non-Essential Work		<input type="checkbox"/>	<input type="checkbox"/>
• Testing Center Nearby for Symptomatic Workers		<input type="checkbox"/>	<input type="checkbox"/>
• Onset of Illness: Treat person as potentially infectious		<input type="checkbox"/>	<input type="checkbox"/>
• Other:		<input type="checkbox"/>	<input type="checkbox"/>
Note: if any item marked "YES" the hazards and mitigations must be identified in a respective JSA.			
Attendees			
EHS Support Site Safety Officer: _____			
		Name	Signature
<i>Site Personnel Name</i>		<i>Signature</i>	



Please upload into SharePoint under your project in a folder titled Daily Tailgate Safety Forms.