



CITY OF PETALUMA

Tailgate Safety Meeting Report

Date: _____

Department: _____

1. Safety Areas Discussed:

a) _____

b) _____

c) _____

2. Previous review of Safe Practices and Job Conditions:

a) _____

b) _____

c) _____

3. Action Taken to Correct Unsafe Practices and Conditions:

a) _____

b) _____

c) _____

4. Injuries Reported:

a) Date: _____ Time: _____ AM/PM Injury: _____

b) Date: _____ Time: _____ AM/PM Injury: _____

5. Job Conditions & Equipment Inspected:

a) _____

b) _____

c) _____

Inspected By: _____

