

TAILGATE SAFETY MEETING FORM

Instructions

To be completed by supervisor prior to beginning of new job, when changes in work procedures occur, or when additional hazards are present. Reference related Job Hazard Analysis, Health & Safety Plan, and ensure this form is maintained for the record.

PROJECT NAME and LOCATION:

DATE:

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TOPICS/HAZARDS DISCUSSED:

NEAR MISS(ES) REPORTED:

INFORMAL TRAINING CONDUCTED (Name, topics):

NAMES OF EMPLOYEES:

Supervisors Signature/Date: _____

Near-miss Observation/Report

Please use this form to report any observation (e.g., at-risk acts/ at-risk conditions or positive observations), as well as near-misses you encounter as part of your work. This may include office or field locations.

Work Activity				
<input type="checkbox"/> Office	<input type="checkbox"/> Driving	<input type="checkbox"/> Field	<input type="checkbox"/> Lab	<input type="checkbox"/> Other: _____

Person Identifying _____
 Date of Incident _____
 Office _____
 Client & Project # _____

<input type="checkbox"/> Near-miss	Observations		
	<input type="checkbox"/> At-risk Act/Behavior	<input type="checkbox"/> At-risk Condition	<input type="checkbox"/> Positive

Description of the Incident or Positive Behavior Noted

Immediate Corrective Action(s) Taken



Potential Immediate Causes

- | | |
|--|--|
| <input type="checkbox"/> Procedures not followed | <input type="checkbox"/> Protective systems |
| <input type="checkbox"/> Use of tools or equipment | <input type="checkbox"/> Tools, equipment & vehicles |
| <input type="checkbox"/> Use of protective measures | <input type="checkbox"/> Work exposures to... |
| <input type="checkbox"/> Inattention/Lack of awareness | <input type="checkbox"/> Work place environmental/layout |

Potential System Causes

- | | |
|---|---|
| <input type="checkbox"/> Physical capacity | <input type="checkbox"/> Contractor selection & design |
| <input type="checkbox"/> Physical condition | <input type="checkbox"/> Engineering/Design |
| <input type="checkbox"/> Mental state | <input type="checkbox"/> Work planning |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Skill level | <input type="checkbox"/> Tools & equipment |
| <input type="checkbox"/> Training/Knowledge transfer | <input type="checkbox"/> Work rules/policies/stds/procedures |
| <input type="checkbox"/> Management/Supervision/Employee leadership | <input type="checkbox"/> Purchasing, material handling/controls |
| <input type="checkbox"/> Other _____ | |

Corrective Action Category Identified to Prevent Future Reoccurrence (Identify relevant issues in checkboxes and provide detail below, as applicable)

- | | |
|---|--|
| <input type="checkbox"/> Different/New PPE needed | <input type="checkbox"/> Additional training/skills needed |
| <input type="checkbox"/> New tool(s)/equipment needed | <input type="checkbox"/> Improved housekeeping efforts |
| <input type="checkbox"/> Additional/proper personnel needed | <input type="checkbox"/> Modified working behaviors |
| <input type="checkbox"/> Change in working procedure | <input type="checkbox"/> Improved work planning |
| <input type="checkbox"/> New STOP WORK trigger identified | <input type="checkbox"/> Other: _____ |

Supervisor Signature/Date _____
 Date submitted to Corporate Health and Safety _____

ACCIDENT / INCIDENT INVESTIGATION REPORT

Date & Time of Incident:
Location:
Incident Description:
Workers Involved:
Injury(ies) Sustained, if any:
Background information, based on Employee Interviews: <ul style="list-style-type: none">•

[INSERT PHOTO(S) AS APPROPRIATE]

Root Cause Analysis:

Preventive Action Recommendations:

1.

Corrective Actions Taken:

Prepared by:

Date Completed

Reviewed by:

Date Completed:

Date Submitted to HR: _____

Date Submitted to H&S Officer: _____