

Abatement     Telecomm     Demolition     Construction     Underground

## Entry/Exit Log

### Safety Log (Tailgate) meetings

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_ Project # \_\_\_\_\_

Work Location: \_\_\_\_\_

By signing below, I acknowledge that I have read and am familiar with the posted regulations, personal and protection requirements, including work area entry, exit, and emergency procedures. Also, by signing, I agree that I am aware of the dangers I am exposed to by entering this regulated work area and that I have been trained in the proper use of the personal protective equipment that I am dawning.

Name	In	Out	In	Out	In	Out	In	Out	Total Hours	Initial
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

### Safety Meeting

Safety Meetings are conducted at a minimum of once a week, or when an unsafe working condition is brought to the attention of the supervisor on site. The meeting shall be attended by all employees on site, and all attendees shall sign in below. By signing below, I acknowledge that I understand the topic(s) covered in the meeting and agree that I will incorporate covered topics into my daily work habits.

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

<input type="checkbox"/> Accidents	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Lifting / Reaching
<input type="checkbox"/> Air Samples	<input type="checkbox"/> Fire Drill	<input type="checkbox"/> No Drug Policy
<input type="checkbox"/> Clean Room Procedures	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Personal Protection
<input type="checkbox"/> Detailing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Respirator Protection
<input type="checkbox"/> Decontamination	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Responsibility
<input type="checkbox"/> Driving on site	<input type="checkbox"/> Hard Hat / Goggles	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Earthquake Drill	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Stress
<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Suggestions
<input type="checkbox"/> Emergency Plan	<input type="checkbox"/> Injuries	<input type="checkbox"/> Toxic Chemicals
<input type="checkbox"/> Equipment Operation	<input type="checkbox"/> Job Hazards	<input type="checkbox"/> Waste Disposal
<input type="checkbox"/> Evacuation Plan	<input type="checkbox"/> Ladders	<input type="checkbox"/> Wet Floor Hazards