



**Site Specific Safety
5X3 Daily Safety/Production Meetings**

Date: _____
Project: _____
Supervisor: _____

TAW Employee Sign In:

Subcontractor Employee Sign In:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7:00 First 5X3 Safety/Production Meeting:
Site Specific/Task Specific Topics:

12:30 Second 5X3 Safety/Production Meeting:
Site Specific/Task Specific Topics:

5:15 Third 5X3 Safety/Production Meeting:
Site Specific/Task Specific Topics

Supervisor Signature:

Date:
