

Tailgate Meeting Record Form

Date: _____ Time: _____ Location: _____

Supervisor: _____ Discussion Leader(s): _____

Discussion Topics

Topic #1: _____

Resources / information distributed: _____

Discussion: _____

Action item / follow-up: _____ Completion date: _____

Topic #2: _____

Resources / information distributed: _____

Discussion: _____

Action item / follow-up: _____ Completion date: _____

Meeting Participants

Name (please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	