



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: \_\_\_\_\_