

MEETING REPORT

Complete in Ink, Complete Shaded Portions if Applicable.

Instructor/Facilitator (Print Name): Kyger, Gavin, EMA		Vendor (If Applicable):	
Site Region: <input type="checkbox"/> CC <input checked="" type="checkbox"/> KC <input type="checkbox"/> SD (Check one)		Meeting Location (i.e., Training Room, Conference Room): Landfill	
Department/Group:		Start Time: 10:00	End Time:
Topic/Subject Title: Dam and Dike Mock Drill and Plan Review			Date: 04/11/2019

Summary of Meeting

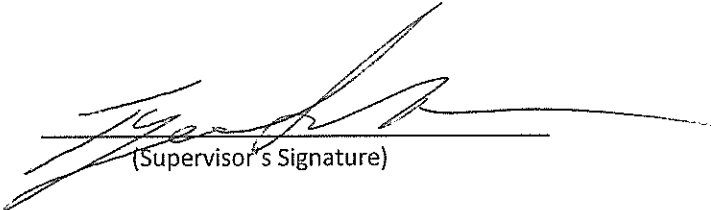
<p>Discussion/Comments: Reviewed Plan. Discussed Dike failures and response needed. Phone numbers verified 2-14-19. Visited sites with EMA and Lightstone</p>
--

Follow Up

Action Item	Person Responsible to Accomplish Action Item

Routing

- Department Head
- Local Training Representative


 (Supervisor's Signature)

Note: Employees are to print and sign their name on the back of this form.

Employee Sign In
(Complete in Ink)

Print Your Name Legibly In This Column

1. Tye Schwall
2. Taylor Huffman
3. Paul Hutchins
4. Colin MCKEAN
5. Andy Davis
6. Tim Miller
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Sign Your Name Legibly In This Column

- 740-339-3226
tschwall@QUEC.COM
1. Tye Schwall
 2. Taylor Huffman
 3. Paul R Hutchins phutchin@QUEC.COM
 4. Colin McKean
 5. Andy Davis
 6. Tim Miller
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____

Employees Absent:

Reason: (Vacation, RDO, Sick, Etc.)

Entered into TP	Date Entered into TP
(Initials)	