



## Safety Tailgate Meeting | Week of May 21<sup>st</sup>, 2018

Project Name: \_\_\_\_\_

Job Number: \_\_\_\_\_

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: \_\_\_\_\_

Discussion Leader: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

### 101 Critical Days of Summer

From the Memorial Day weekend through the Labor Day holiday, we enjoy all types of warm-weather events, but summer is also a critical time for injuries. In fact, more mishaps occur during these 101 days than they do the rest of the entire year. Our 101 Critical Days of Summer campaign will serve as a catalyst in ensuring we stay focused on safety both on and off the job.

Here are some tips that can help lessen the likelihood of injury and boost enjoyment from the nice weather.

- ✓ Condition the body before jumping into summer activities. Starting slowly helps build endurance.
- ✓ Warm up before activities - it is important to warm up the muscles for at least 10 minutes.
- ✓ Take precaution to guard against heat illness. Drink water frequently, even if you do not feel thirsty.
- ✓ Choose the right clothing. Wear a hat and light-colored clothing. Dark colors absorb the sun's heat. Be cautious to not get your clothing caught when working around machinery.
- ✓ Eat small meals, and eat more often.
- ✓ Avoid alcohol, as it lowers the body's tolerance for heat and dehydrates the body.
- ✓ When engaged in physical activity on warm days, take regular breaks. Rest and cool down in the shade, and be sure to drink plenty of fluids. If you recognize that you or someone else is showing the signs of a heat-related illness, stop the activity and find a cool place. Immediately call for help.
- ✓ Working and playing in full sunlight can increase heat index values by 15°F. Keep this in mind and plan additional precautions when being in these types of conditions.

Enjoy the 101 days of summer! However make safety a priority for you and your family when at work and at play.

**Safety Comments/Suggestions for this Project:** \_\_\_\_\_

Print Name & Clock #		Print Name & Clock #		Print Name & Clock #	
1	_____	7	_____	13	_____
2	_____	8	_____	14	_____
3	_____	9	_____	15	_____
4	_____	10	_____	16	_____
5	_____	11	_____	17	_____
6	_____	12	_____	18	_____

Foreman's Name & Clock #: \_\_\_\_\_

## Jobsite Safety Inspection

**Project Name:**\_\_\_\_\_

**Job Number:** \_\_\_\_\_

☐ Sheet Metal    ☐ Piping    ☐ Plumbing    ☐ Service

GF/Foreman: \_\_\_\_\_

**Name of Inspector:** \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

Audit Items	Adequate	Needs Attention	Severity Rating	Date Corrected	Corrected By	Comments
1. Documentation						
2. Electrical						
3. Public Protection						
4. Housekeeping						
5. Protective Equipment						
6. Barricades/Floor Openings						
7. Ladders/Scaffolding						
8. Excavations						
9. Compress Gas						
10. Fire Protection						
11. Hazardous Materials						
12. Welding/Cutting						
13. Tools						
14. First Aid Kits						
15. Other						
16. Other						
17. Other						
Inspector's Comments						
Foreman's Comments						

**Foreman's Name & Clock #**

### Severity Rating

**I = Stop Work, Correct Immediately**

**T = Correct Today**

**W = Correct Within One Week**

## PRE TASK PLAN

Project Name: \_\_\_\_\_

Job Number: \_\_\_\_\_

Sheet Metal    Piping    Plumbing    Service

GF/Foreman: \_\_\_\_\_

Pre-Task Plan Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Project Safety Contact: \_\_\_\_\_

Safety Contact Phone Number: \_\_\_\_\_

1. Required PPE	Hazards	Safe Plan of Action (SPA)	
Hard hat                      Safety glasses Face shield                  Goggles	<b>Material Handling</b>	Inspected movement path    Identified moving equipment    Wheels Chocked Floor Plating (pinch / back)    Hand protection required Awkward size/shape/CG    Hand / body positions to avoid injury Laydown area established    Spotter    Debris Removal plan	
Gloves:    Leather    Kevlar / Cut resistant Solvent    Acid Arm sleeves    Fire resistant		<b>Slips, Trips, Falls</b>	Inspect for trip / slip hazards    Area clean / clear of debris    Hazards marked Tools & material properly stored    Electrical / emergency equipment clear
Boots    Steel - toe    Toe covers Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant			<b>Hand &amp; Power Tools</b>
<b>2. Fall Protection</b> Ladder inspection completed Retractable Device Required Inspected Fall Protection Equipment Shock Absorbing Lanyard Required Horizontal Lifeline System Required Anchorage Point Identified Fall Clearance Distance Adequate Fall Rescue / Retrieval Plan Set Up		<b>Chemical Hazards</b>	
<b>3. Task Specific Work Plans</b> Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	<b>Non-Electrical Hot Work</b>		Fire Extinguishers    Fire watch    Install weld / spark screens Combustible material removed / protected    Adequate ventilation
			<b>Crane or other Lifting Equipment</b>
<b>4. Required Work Permits</b> Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	<b>Barricades</b>	Yellow (Caution) Barricade tape    Red (Danger) Barricade tape (label barricade) Rigid barricade required / secured to floor    Emergency egress clearly marked Barricade signage    Travel paths barricaded / cones to protect foot traffic	
		<b>Weather</b>	Review plans for weather including heat / wind / moisture    Liquids available Cool down periods    Sun Screen    Heat Stress symptoms
<b>Construction Activity (In Sequence)</b>	<b>Crew Congestion or Impact to occupants</b>		Public Protection, Explain: _____ Inspected areas for potential impacts to other crews / customers Coordinated with adjacent work supervisor / customer    Traffic barricades
		<b>Safety Huddle Topics:</b>	<input type="checkbox"/> <b>Monday:</b> _____ <input type="checkbox"/> <b>Tuesday:</b> _____ <input type="checkbox"/> <b>Wednesday:</b> _____ <input type="checkbox"/> <b>Thursday:</b> _____ <input type="checkbox"/> <b>Friday:</b> _____
<b>Construction Activity (In Sequence)</b>	<b>Hazards Identified</b>		<b>Corrective Actions Taken</b>
<b>Crew Sign-in (PLEASE PRINT NAME &amp; Clock Number):</b>			
1. _____	6. _____	11. _____	
2. _____	7. _____	12. _____	
3. _____	8. _____	13. _____	
4. _____	9. _____	14. _____	
5. _____	10. _____	15. _____	
<b>Daily Initials:</b>			
Monday	_____		
Tuesday	_____		
Wednesday	_____		
Thursday	_____		
Friday	_____		

*IF WORK CONDITIONS CHANGE, PRE-TASK PLAN NEEDS TO BE UPDATED ASAP*