



Safety Tailgate Meeting | Week of February 19th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Eye and Face Protection

Pipefitters, Plumbers, and Sheet Metal workers are exposed to eye hazards every day on the job. Countless workers have been spared from eye injuries and blindness, because they chose to wear eye and face protection.

- Depending on the source, flying particles can strike with either a slight bit or with a tremendous amount of force. When flying particles hit an eye, the potential damage ranges from just temporary irritation to permanent blindness.
- Wear safety glasses with side shields for protection against flying particles. Prescription safety glasses can be bought for those who wear Rx glasses. Wear flash glasses with side shields under welding hoods.
- Wear splash-proof safety goggles when working with chemicals, such as solvents or acids. If you wear regular glasses, goggles that are made to fit over them are available.
- Wear shaded goggles designed specifically for cutting when using cutting torches. Use shaded lenses #2 for soldering, #3 for brazing, and #5 for oxygen/acetylene tasks.
- Attach a shaded filter plate to your welding helmet. The shade you will need depends on the type of welding, size of the electrode, and the amount of electrical current you are using. If you are not sure about the correct shade, use #10 shade (minimum) or check with your foreman.
- Wear face shields when using chemicals, grinding, chipping, wire brushing, etc.
- Always wear the appropriate safety glasses or goggles with the face shield. The shield by itself is not made to protect your eyes.

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



Audited by:
Date:

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 Face shield Goggles Safety glasses Goggles	Material Handling	Inspected movement path Floor Plating (pinch / back) Awkward size/shape/CG Laydown area established Identified moving equipment Hand protection required Hand / body positions to avoid injury Spotter Debris Removal plan Wheels Chocked
Gloves: Leather Kevlar / Cut resistant Solvent Acid Arm sleeves Fire resistant		
Boots Steel - toe Toe covers	Slips, Trips, Falls	Inspect for trip / slip hazards Tools & material properly stored Area clean / clear of debris Electrical / emergency equipment clear Hazards marked
Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant	Hand & Power Tools	Reviewed safety requirements GFCI in use Identified PPE required Routed cord overhead or taped / barricaded Guarding OK Inspected condition Inspected electrical cord
2. Fall Protection 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	Chemical Hazards	Area inspected for potential chemical hazard Identify PPE for highest recognized hazard (see left side) MSDS Sheet available Reviewed Decon / Disposal or storage procedures Reviewed contingency plan and equipment is on hand
	Non-Electrical Hot Work	Fire Extinguishers Fire watch Install weld / spark screens Combustible material removed / protected Adequate ventilation
	Crane or other Lifting Equipment	Lifting / Rigging equipment inspected Overhead utility clearance verified Tag lines in use Signalman assigned Areas barricaded
3. Task Specific Work Plans Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	Barricades	Yellow (Caution) Barricade tape Rigid barricade required / secured to floor Barricade signage Travel paths barricaded / cones to protect foot traffic Red (Danger) Barricade tape (label barricade) Emergency egress clearly marked
	Weather	Review plans for weather including heat / wind / moisture Cool down periods Sun Screen Heat Stress symptoms Liquids available
4. Required Work Permits Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	Crew Congestion or Impact to occupants	Public Protection, Explain: Inspected areas for potential impacts to other crews / customers Coordinated with adjacent work supervisor / customer Traffic barricades
	Safety Huddle Topics:	<input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____
Construction Activity (In Sequence)	Hazards Identified	Corrective Actions Taken
Crew Sign-in (PLEASE PRINT NAME & Clock Number):		
1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____
Daily Initials:		
Monday	_____	
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	

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