



Safety Tailgate Meeting | Week of April 16th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Hearing Protection

Construction workers are constantly exposed to noise from power tools, machinery, construction equipment, and other sources. Noise can be harmful under certain conditions if you don't take measures to protect yourself.

- Whether noise is harmful or not depends on how loud it is and the length of time you are exposed to it.
- Noise is measured in decibels. Exposure to 90 decibels over an 8 hour period is a recognized threshold for hearing damage. When you are exposed to this much noise for anywhere close to 8 hours, make sure to protect your hearing. Noise levels below 90 decibels over an 8 hour period can still be damaging to some people, so it's a good idea to always protect your hearing.
- Determining what is too loud is difficult to do. Since you don't have the equipment to measure decibels on the jobsite, remember that an air compressor runs around 90 decibels and a circular saw runs at 100 decibels. Use this knowledge to gauge the noise level.
- Another way to gauge the noise level is to determine whether you can hear a co-worker standing 3 feet away from you. If they have to shout to talk to you, it is probably too noisy, and hearing protection is needed.
- There are different types of hearing protection, and each block out a certain amount of noise. Ear muffs block out noise more than ear plugs. Some types of ear muffs block out more noise than other types of ear muffs. Look on the box to see what the decibel rating is. Remember the higher the rating the higher the hearing protection.
- If you are using ear plugs learn how to properly install them to get the best protection.

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 Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant	Slips, Trips, Falls	Inspect for trip / slip hazards Tools & material properly stored Area clean / clear of debris Electrical / emergency equipment clear Hazards marked
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	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
	Chemical Hazards	Area inspected for potential chemical hazard Identify PPE for highest recognized hazard (see left side) Reviewed Decon / Disposal or storage procedures Reviewed contingency plan and equipment is on hand MSDS Sheet available
	Non-Electrical Hot Work	Fire Extinguishers Combustible material removed / protected Fire watch Adequate ventilation Install weld / spark screens
	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