



Safety Tailgate Meeting | Week of October 15th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Floor Hole Protection

The Occupational Safety and Health Administration (OSHA) defines a hole as “a gap or void 2 or more inches in its least dimension in a floor, roof or other walking/working surface.” OSHA requires the use of hole covers on walking/working surfaces to protect employees from falling through holes and skylights that are more than 6 feet above lower levels. Covers also protect employees from any object that may fall through holes or skylights.

When covers will be used to address hazards associated with holes and skylights, OSHA imposes certain requirements.

- Covers must be capable of supporting, without failure, at least twice the weight of all employees, equipment, and materials that may be on top of the cover at any one time.
- Covers must be secured when installed to prevent accidental displacement by wind, equipment, or employees.
- Covers must be color-coded or marked with “HOLE” or “COVER” signs to provide warning of the hazard.

When using covers, foremen and superintendents need to ensure the following:

- They are aware of the presence of all holes and skylights on the roof. Before beginning any roofing work, they are to inspect the roof for any holes or skylights and identify any hazards.
- If there are no guardrails erected around such holes or skylights, covers meeting OSHA’s requirements as set forth above are installed.

Note: A hole or skylight that may be open for only a brief period of time is not an excuse for not using a cover.

****Before leaving your work area ensure that all holes are covered, do not leave any hazards open for the next worker to find.****

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 #: _____		



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 Routed cord overhead or taped / barricaded Guarding OK Identified PPE required Inspected electrical cord Inspected condition
	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