



## Safety Tailgate Meeting | Week of February 26<sup>th</sup>, 2018

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

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

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

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

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

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

### Defensive Driving

For some of us, the most dangerous thing we do every day is driving to and from work. For others, driving is simply part of the job. Unlike other workplaces, the roadway is not a closed environment. Preventing work-related roadway crashes requires strategies that combine traffic safety principles and sound safety management practices. Although employers cannot control roadway conditions, they can promote safe driving behavior by providing safety information to workers and by setting and enforcing driver safety policies. Crashes are *not* an unavoidable part of doing business.

In order to drive safely on a day to day basis we must incorporate the following techniques into our everyday commute.

- Always keep your eyes moving, constantly looking at your side and rear view mirrors, up, behind and to both sides of the vehicle. Maintain a visual of 2-3 car lengths in front of you.
- When changing lanes, physically turn your head around to check your blind spot, followed by checking your side and rear view mirrors.
- Always look out for motorcycles, bicycles, pedestrians and smaller vehicles.
- Always give yourself an out. Avoid remaining next to other automobiles, move ahead or drop behind them to allow yourself room for maneuvering in case something happens.
- Always use signals and be sure to signal ahead of time to communicate your intentions to other drivers.
- Be predictable; avoid multiple lane changes at once and last minute turn signal notifications.
- Observe and abide by all traffic laws.
- Wear your seatbelt.
- PAY ATTENTION, or else it may be too late!!

Remain alert and always remember a defensive driver is a safe driver.

**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 #: \_\_\_\_\_

**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	<b>Material Handling</b>	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	<b>Slips, Trips, Falls</b>	Inspect for trip / slip hazards Tools & material properly stored Area clean / clear of debris Electrical / emergency equipment clear Hazards marked
<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>Hand &amp; Power Tools</b>	Reviewed safety requirements GFCI in use Identified PPE required Routed cord overhead or taped / barricaded Guarding OK Inspected condition Inspected electrical cord
	<b>Chemical Hazards</b>	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
	<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>	Lifting / Rigging equipment inspected Overhead utility clearance verified Tag lines in use Signalman assigned Areas barricaded
<b>3. Task Specific Work Plans</b> Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	<b>Barricades</b>	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
	<b>Weather</b>	Review plans for weather including heat / wind / moisture Cool down periods Sun Screen Heat Stress symptoms Liquids available
<b>4. Required Work Permits</b> Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	<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