



## Safety Tailgate Meeting | Week of January 1<sup>st</sup>, 2018

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

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

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

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

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

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

### Illumination

Good illumination is important to maximize production and maintain quality control. From a safety stand point, being able to see the hazards in any condition is essential.

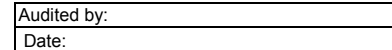
- Poor lighting commonly results in slips, trips, and falls as well as injuries from tools or equipment.
- If your work area is not well lighted, obtain the lighting you need before getting started. If for any reason you can't get the lighting you need, do NOT continue to work and inform your supervisor immediately.
- All temporary wiring and lighting on site must comply with the same codes as permanent wiring. Undersized wiring or overloaded circuits lead to work stoppages, electrical shocks, and even fires. Be sure wiring is protected from damage in high traffic areas.
- Flexible cords used for temporary or portable lights must be designed for hard or extra-hard usage. All lamps for general illumination must be protected from accidental contact or breakage. Metal case sockets must be grounded and temporary lights must not be suspended by their cords unless specifically designed for this means of suspension.
- Portable electric lighting used in wet and/or other conductive locations, (e.g., drums, tanks, vessels) shall be operated at 12 volts or less. However, 120-volt lights may be used if protected by a ground-fault circuit interrupter.
- If you are using portable lighting, be sure all protective cages are in place.
- It is critical to have adequate lighting around hazardous operations, like sawing, grinding, welding, and nailing.

**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**



Project Name: \_\_\_\_\_ Job Number: \_\_\_\_\_  
 Sheet Metal      Piping      Plumbing      Service  
 GF/Foreman: \_\_\_\_\_  
 Pre-Task Plan Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Safety Contact: \_\_\_\_\_ Safety Contact Phone Number: \_\_\_\_\_

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