



## Safety Tailgate Meeting | Week of July 9<sup>th</sup>, 2018

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

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

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

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

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

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

### Injury and Accident Reporting

There has been a lot of un-reported accidents and injuries within ACCO. No matter how big or small the accident or injury is, it needs to be reported as soon as possible (within the first 8 hours). Incidents as small as getting something in your eye can turn into serious injuries if they go un-reported and un-treated. In the past, ACCO had an employee who waited a week before reporting that he had something in his eye. Because he let it fester so long, he ended up having to go to an eye specialist to have the piece of debris DRILLED out of his eye. If he had reported it right when it happened, the safety department could have used eye wash to remove the debris or taken him straight to the clinic for immediate medical attention. This particular person could have avoided a lot of pain if he had just notified someone when the incident occurred.

- In the event of a major injury, call 911, and then call the safety department so they can send out a representative to the site or the hospital, depending on the situation. Notify the general contractor of the site. Have an ambulance take the injured worker to the hospital. Fill out the incident report and submit it to the safety department within an hour of the incident so that they can set up any insurance that may be needed for the injured worker.
- In the event of a minor injury, call the safety department so they can send out a representative to the site. Notify the general contractor of the site. Call the site first aid company to come out and assess the injury. If the first aid company cannot address the injury, Supervision is to accompany the injured worker to the nearest approved clinic. Then, fill out the incident report and submit it to the safety department so they can set up any insurance that may be needed.

**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	<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
Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant	<b>Hand &amp; Power Tools</b>	Reviewed safety requirements GFCI in use Routed cord overhead or taped / barricaded Guarding OK Identified PPE required Inspected electrical cord Inspected condition
<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>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 Combustible material removed / protected Fire watch Adequate ventilation Install weld / spark screens
	<b>Crane or other Lifting Equipment</b>	Lifting / Rigging equipment inspected Overhead utility clearance verified Tag lines in use Signalman assigned Areas barricaded
	<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>3. Task Specific Work Plans</b> Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	<b>Weather</b>	Review plans for weather including heat / wind / moisture Cool down periods Sun Screen Heat Stress symptoms Liquids available
	<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>4. Required Work Permits</b> Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	<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>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