Safety Tailgate Meeting | Week of May 14th, 2018

Project Name: _____ Job Number: _____

☐Sheet Metal ☐Piping ☐Plumbing ☐Start-Up GF/Foremen: _____

Discussion Leader:_____ Date of Meeting: _____

Ground Fault Circuit Interrupters

A Ground Fault Circuit Interrupter (GFCI) is an over-current protection device that instantaneously de-energizes an electrical circuit to protect personnel from electric shock. Electricity can be safe when properly respected. A large percentage of electrical accidents are caused from using improperly grounded temporary electrical systems or damaged power tools and extension cords on the jobsite.

- Ground Fault Circuit Interrupters (GFCIs) are a simple means to achieve protection from electrical shock hazards and will help to minimize some dangerous situations. However, keep in mind that GFCIs are not foolproof, and under wet conditions, they are not always effective.
- If a worker is standing on a damp floor using a power tool with a damaged cord and it comes into contact with either the hot or neutral wire, he or she will become the easiest path to ground. The current will flow through the worker to the ground.
- GFCIs prevents some electrocutions by detecting a difference in the amount of current flowing between the source of electricity and the tool. When a difference in current of 5 *milliamps* or more is detected, the GFIC trips the circuit in as little as 1/40 of a second, automatically shutting off the circuit.
- Most power tool receptacles are designed to trip at around 15 amps. But death from electrical shock can occur between 70 to 100 milliamps.
- Inspect GFCI protected circuits regularly, because, like any man made device, they could fail.

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 #:_____

SUNBELT CONTROLS

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**

SUNBELT CONTROLS

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 ☐ Safety glasses ☐Face shield ☐ Goggles 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	**Material Handling**	☐ Inspected movement path ☐ Identified moving equipment ☐ Wheels Chocked ☐ Floor Plating (pinch / back) ☐ Hand protection required ☐ Awkward size/shape/CG ☐ Hand / body positions to avoid injury ☐ Laydown area established ☐ Spotter ☐ Debris Removal plan
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	**Slips, Trips, Falls**	☐ Inspect for trip / slip hazards ☐ Area clean / clear of debris ☐ Hazards marked ☐ Tools & material properly stored ☐ Electrical / emergency equipment clear
	Hand & Power Tools	☐ Reviewed safety requirements ☐ Guarding OK ☐ Inspected condition ☐ GFCI in use ☐ Identified PPE required ☐ Inspected electrical cord ☐ Routed cord overhead or taped / barricaded
	Chemical Hazards	☐ Area inspected for potential chemical hazard ☐ MSDS Sheet available ☐ Identify PPE for highest recognized hazard (see left side) ☐ Reviewed Decon / Disposal or storage procedures ☐ Reviewed contingency plan and equipment is on hand
	Non-Electrical Hot Work	☐ Fire Extinguishers ☐ Fire watch ☐ Install weld / spark screens ☐ Combustible material removed / protected ☐ Adequate ventilation
	Crane or other Lifting Equipment	☐ Lifting / Rigging equipment inspected ☐ Tag lines in use ☐ Areas barricaded ☐ Overhead utility clearance verified ☐ Signalman assigned
	Barricades	☐ Yellow (Caution) Barricade tape ☐ Red (Danger) Barricade tape (label barricade) ☐ Rigid barricade required / secured to floor ☐ Emergency egress clearly marked ☐ Barricade signage ☐ Travel paths barricaded / cones to protect foot traffic
3. Task Specific Work Plans ☐ Lifting Plan (required for greater than 50 lbs.) ☐ Floor / Wall penetrations ☐ Lock Out / Tag Out Procedures	**Weather**	☐ Review plans for weather including heat / wind / moisture ☐ Liquids available ☐ Cool down periods ☐ Sun Screen ☐ Heat Stress symptoms
	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
4. Required Work Permits ☐ Hot Work (Non-Electrical) ☐ Confined Space ☐ Excavation ☐ Energized Electrical Work (EEW) ☐ Critical Lift (Crane) ☐ Scaffolds	**Safety Huddle Topics:**	☐ **Monday:** _____ ☐ **Tuesday:** _____ ☐ **Wednesday:** _____ ☐ **Thursday:** _____ ☐ **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