



Safety Tailgate Meeting | Week of December 31st, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Falls from Edges

An edge is any elevated surface where any end of the surface leads to a drop to a lower elevation. When working on edges, protect yourself from falls by using guardrails, personal fall arrest systems, or safety nets. Elevated edges and openings in floors and roofs are often part of the work environment during construction, renovation, and demolition. They must be guarded and securely covered so no one can accidentally step off of the edges. Half measures won't do it. Many have died in incidents that involve falling from elevated surfaces.

- The floor opening cover must be capable of supporting any load placed on it. It should be secured positively so it cannot be easily removed, and it should be labeled. The cover should go over the entire opening unless guardrails are installed.
- When guardrails are used, they should be built to withstand 200 pounds of any outward or downward force within 2 inches of the top at any point.
- When personal fall arrest systems are used, be sure the system will stop a fall before there is contact with any surface or structure below. Full body harnesses and double locking snap hooks provide the best protection when it comes to personal fall arrest systems.
- When nets are used, make sure they are high enough to prevent a falling worker from contacting the surface or any structure below. Keep nets clear of construction debris at all times.
- Remember to extend nets outward from the outermost projection of the work surface as follows:
 - Work performed up to 5 feet above the surface of the net, it should extend 8 feet.
 - Work performed from 5 to 10 feet above the surface of the net, it should extend out 10 feet.
 - Work performed over 10 feet above the surface of the net, it should extend out 13 feet.

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

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	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																					
Gloves: Leather Kevlar / Cut resistant Solvent Acid Arm sleeves Fire resistant		Slips, Trips, Falls	Inspect for trip / slip hazards Area clean / clear of debris Hazards marked Tools & material properly stored Electrical / emergency equipment clear																				
Boots Steel - toe Toe covers Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant			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																			
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		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																			
3. Task Specific Work Plans Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	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																			
4. Required Work Permits Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	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																					
		Weather	Review plans for weather including heat / wind / moisture Liquids available Cool down periods Sun Screen Heat Stress symptoms																				
Construction Activity (In Sequence)	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: _____																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Construction Activity (In Sequence)</th> <th style="width: 33%;">Hazards Identified</th> <th style="width: 33%;">Corrective Actions Taken</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			Construction Activity (In Sequence)	Hazards Identified	Corrective Actions Taken																		
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