Safety Tailgate Meeting | Week of July 30th, 2018

Project Name: _____ Job Number: _____

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

Discussion Leader:_____ Date of Meeting: _____

Scaffolds

When scaffolds are not upright or used properly, falls can occur. Protecting workers from scaffold-related accidents would prevent many deaths and more than 4,000 injuries each year.

- Before starting work from any fixed scaffold for the first time, take the time to inspect it for obvious inadequacies.
- Look closely at the scaffold system's guys and ties to ensure that they are properly installed and in good condition.
- Look at the work areas on the scaffold to ensure they are properly planked or decked.
- Check to ensure that the scaffolding system isn't set up too close to overhead powerlines or electrical equipment.
- Make sure that the scaffolding system is set up properly on a firm, level base.
- When applicable, be sure that the scaffold's guardrail systems are in place, and properly installed.
- Evaluate the established methods of getting on and off the scaffold. If a method doesn't appear safe, don't use it. Inform your supervisor and the safety department about it immediately.
- Find out what the rated load capacity is for each particular scaffold, and make sure that it is never exceeded.
- Make sure that you are always protected by a fall prevention or protection system while working on fixed scaffolds. If there is no guardrail system in place, be sure to use a fall arrest system or some other acceptable form of fall protection.
- If any part of the fixed scaffold system appears damaged or inadequate, or if you're not sure about it, don't use it. Ask your supervisor and the safety department about it immediately.

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