



Safety Tailgate Meeting | Week of December 10th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Eyes and Mind on Task

Keeping your eyes and your mind on the task that you are doing could reduce and eliminate injuries to you and those around you. Sometimes when you're doing repetitive tasks, something you are so used to doing, you might let your "guard" down and just automatically do the task. At any given time something can go wrong. Can you think of situations where you were doing something familiar or routine...and then all of a sudden...

- a) You reached for your coffee and instead of picking it up you knocked it over?
- b) You used a hammer and instead of hitting the nail, you hit your finger?
- c) You have been driving and then suddenly wonder if you just ran a red light or was it really green?

Your eyes and mind can work together to keep you safe. To avoid unnecessary and absentminded mistakes, remember:

Eyes on Task:

- Keep your eyes on the task you are doing
- Watch what you are doing
- Use your peripheral vision - keep your primary focus on the task and be aware, be alert
- If you need to look away from what you are doing, even for a second, ensure it is safe to do so

Mind on Task:

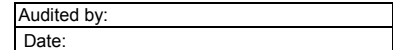
- Keep your mind focused on the task - know the proper steps
- Don't get distracted by someone or something
- Be fully engaged and pay attention to what you are doing
- Be aware of your body mechanics

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: _____

1. Required PPE			Hazards			Safe Plan of Action (SPA)		
Hard hat Face shield			Material Handling	Inspected movement path	Identified moving equipment	Wheels Chocked		
Safety glasses Goggles				Floor Plating (pinch / back)	Hand protection required			
Gloves: Leather Kevlar / Cut resistant Solvent Acid Arm sleeves Fire resistant				Awkward size/shape/CG	Hand / body positions to avoid injury			
Boots Steel - toe Toe covers			Slips, Trips, Falls	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			Hand & Power Tools	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			Chemical Hazards	Routed cord overhead or taped / barricaded				
2. Fall Protection				Area inspected for potential chemical hazard MSDS Sheet available				
Ladder inspection completed				Identify PPE for highest recognized hazard (see left side)				
Retractable Device Required			Non-Electrical Hot Work	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			Crane or other Lifting Equipment	Combustible material removed / protected Adequate ventilation				
Anchorage Point Identified				Lifting / Rigging equipment inspected Tag lines in use Areas barricaded				
Fall Clearance Distance Adequate			Barricades	Overhead utility clearance verified Signalman assigned				
Fall Rescue / Retrieval Plan Set Up				Yellow (Caution) Barricade tape Red (Danger) Barricade tape (label barricade)				
3. Task Specific Work Plans				Rigid barricade required / secured to floor Emergency egress clearly marked				
Lifting Plan (required for greater than 50 lbs.)			Weather	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. Required Work Permits			Crew Congestion or Impact to occupants	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			Safety Huddle Topics:	<input type="checkbox"/> Monday: _____				
Energized Electrical Work (EEW)				<input type="checkbox"/> Tuesday: _____				
Critical Lift (Crane)				<input type="checkbox"/> Wednesday: _____				
Scaffolds				<input type="checkbox"/> Thursday: _____				
				<input type="checkbox"/> 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