



Safety Tailgate Meeting | Week of January 8th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Avoidable Bending

On average, mechanical construction workers bend somewhere around 50 times every hour while completing their work tasks. Based on a 250-day work year, that amounts to somewhere around 100,000 bends per worker per year. In a 30-year career, mechanical construction workers bend more than 3 million times while performing their daily work tasks. All of this bending exposes a worker to back injuries and pain.

PRIMARY EXPOSURES FOR MECHANICAL CONSTRUCTION WORKERS:

- Failure to pre-plan each task with the intention of reducing the number of times it will be necessary to bend to complete it
- Poorly established work areas that require unnecessary bending while welding, cutting, brazing, or performing any other mechanical construction task
- Picking up small items or lifting larger objects from the ground, floor, or anywhere lower than waist height

SAFE WORK PRACTICES THAT MAY HELP TO PREVENT INJURY:

- Pre-plan each task carefully to reduce the number of times that you will need to bend to complete it.
- Have your materials staged off the ground or floor - somewhere around waist height. Use pipe racks, commercially available mobile tables, jobsite made temporary tables, stacked pallets, etc. to have the materials staged properly.
- Whenever possible, position yourself so that you won't have to bend to complete the task. Sometimes doing so is as simple as making quick and easy adjustments to the immediate work area, adjusting your body position, or adjusting the work itself.
- Pay attention to your body mechanics! Proper ergonomics will help keep unnecessary stress off your body.

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 #: _____		

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



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	Material Handling	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	Slips, Trips, Falls	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	Hand & Power Tools	Reviewed safety requirements GFCI in use Identified PPE required Routed cord overhead or taped / barricaded Guarding OK Inspected condition Inspected electrical cord
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 Identify PPE for highest recognized hazard (see left side) MSDS Sheet available 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 Overhead utility clearance verified Tag lines in use Signalman assigned Areas barricaded
3. Task Specific Work Plans Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	Barricades	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
	Weather	Review plans for weather including heat / wind / moisture Cool down periods Sun Screen Heat Stress symptoms Liquids available
4. Required Work Permits Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	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: _____
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