



## Safety Tailgate Meeting | Week of October 22<sup>nd</sup>, 2018

Project Name: \_\_\_\_\_

Job Number: \_\_\_\_\_

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: \_\_\_\_\_

Discussion Leader: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

### Confined Spaces – Permit vs. Non-Permit Spaces

A "confined space" may be generally defined as any area not designed for continuous human occupancy which has limited or restricted means for entry or exit. It is not intended for human occupancy and is subject to oxygen deficient atmosphere or to the accumulation of toxic or flammable gases or vapors. Primary confined space exposures for mechanical construction workers include entry into pipelines, ductwork, equipment housings, boilers, manholes, sewers, vaults, tunnels, shafts, vessels, pits, tanks, etc. These areas can be very dangerous. The potential health and physical hazards associated with confined spaces are insufficient oxygen, asphyxiation, suffocation, toxic air contaminants, impairment, incapacitation, death flammable gases and vapors, fires, and explosions.

All confined spaces are Permit-Required spaces unless your company's designated Competent Person, the Safety Department, and Entry Supervisor reclassify the spaces.

If the Competent Person performs a thorough hazard assessment inside the space, and in surrounding areas outside the space and no atmospheric hazards exist inside/outside the space **or** if atmospheric hazards were identified inside the space, but forced air ventilation alone removes the atmospheric hazards or if other hazards inside the space remain isolated, then it may be deemed a non-permit required confined space after the Competent Person, the Safety Department, and Entry Supervisor completes the necessary procedures to reclassify the space.

#### SAFE WORK PRACTICES

Even when a space is classified as a non-permit space, hot work inside a confined space can quickly change from acceptable atmospheric conditions to hazardous atmospheric conditions. Make sure that you continuously monitor the space for atmospheric hazards throughout entry operations.

Contact the safety department if you have questions about confined spaces or need air monitoring equipment.

**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 #: _____		





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	<b>Material Handling</b>	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 Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant	<b>Slips, Trips, Falls</b>	Inspect for trip / slip hazards Tools & material properly stored Area clean / clear of debris Electrical / emergency equipment clear Hazards marked
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	<b>Hand &amp; Power Tools</b>	Reviewed safety requirements GFCI in use Routed cord overhead or taped / barricaded Guarding OK Identified PPE required Inspected electrical cord Inspected condition
	<b>Chemical Hazards</b>	Area inspected for potential chemical hazard Identify PPE for highest recognized hazard (see left side) Reviewed Decon / Disposal or storage procedures Reviewed contingency plan and equipment is on hand MSDS Sheet available
	<b>Non-Electrical Hot Work</b>	Fire Extinguishers Combustible material removed / protected Fire watch Adequate ventilation Install weld / spark screens
	<b>Crane or other Lifting Equipment</b>	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	<b>Barricades</b>	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
	<b>Weather</b>	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	<b>Crew Congestion or Impact to occupants</b>	Public Protection, Explain: Inspected areas for potential impacts to other crews / customers Coordinated with adjacent work supervisor / customer Traffic barricades
	<b>Safety Huddle Topics:</b>	<input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____
<b>Construction Activity (In Sequence)</b>	<b>Hazards Identified</b>	<b>Corrective Actions Taken</b>
<b>Crew Sign-in (PLEASE PRINT NAME &amp; Clock Number):</b>		
1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____
<b>Daily Initials:</b>		
Monday	_____	
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	

IF WORK CONDITIONS CHANGE, PRE-TASK PLAN NEEDS TO BE UPDATED ASAP