



## Safety Tailgate Meeting | Week of January 15<sup>th</sup>, 2018

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

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

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

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

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

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

### Ladder Safety

Ladders are simple devices and their uncomplicatedness may be their biggest fault. Employees using them tend to mistake simplicity for harmlessness, forgetting pre-cautions or rules for proper use. Those kinds of mistakes cause thousands of accidents and disabling injuries, every year.

Most accidents with straight ladders are caused by slipping or skidding. They are easy enough to prevent by equipping the ladder with a non-slip base, or "safety feet," or by securing the base and the top of the ladder before using it. Also, make sure you place the ladder at a safe climbing angle. The distance from the wall to the base of the ladder should be about one forth the distance from the base to the top of the ladder support. Here are some other safety reminders.

- ✓ Make sure the footing is level and the ladder rests on a firm platform.
- ✓ Lean the ladder against something solid and unmovable – not against a window slash or glass surface.
- ✓ Make sure the ladder is extended at least 3 rungs above the roof edge, beam plank, or scaffold so that the climber has plenty of side rail to hold onto when stepping off.

Once the ladder is in place, step onto it facing the rungs and grasping the rails with both hands. Do not hurry up the rungs. Climb them one at a time. NEVER try to carry tools or anything up a ladder because your hands should be free for climbing. It's safest to use a bucket on a line to haul up your items once you reach the top.

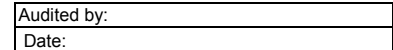
While working on a ladder never try to reach out too far, use the belt buckle rule. If it is still too far get down and move the ladder closer. Remember, never go higher than the 3<sup>rd</sup> rung from the top of the ladder, and always use the right ladder for the job.

**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 #: \_\_\_\_\_





Project Name: \_\_\_\_\_ Job Number: \_\_\_\_\_  
 Sheet Metal      Piping      Plumbing      Service  
 GF/Foreman: \_\_\_\_\_  
 Pre-Task Plan Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Safety Contact: \_\_\_\_\_ Safety Contact Phone Number: \_\_\_\_\_

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