

Safety Tailgate Meeting | Week of February 5th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

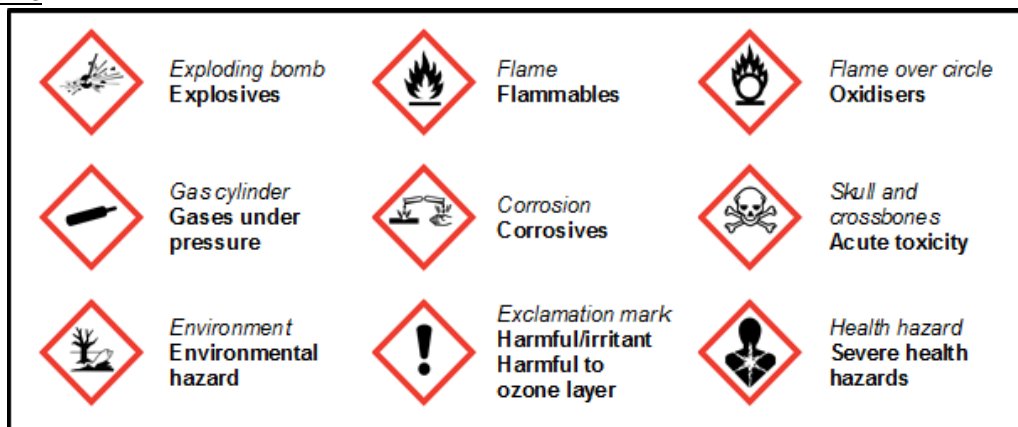
Date of Meeting: _____

Hazard Communication (HAZCOM)

OSHA revised its Hazard Communication Standard to be part of a globally harmonized system for communicating chemical hazards so everyone can recognize the pictograms and hazard signal words from both the foreign and domestic substances. Now, every chemical label and every Safety Data Sheet (SDS) will be identical in its format and contain easy-to-read information. You have a right to know about the chemicals you work with each day.

Use the six key information areas on the container labels and in the SDS information to effectively protect yourself from chemical hazards.

1. Product Identifier - the name or number used to identify a hazardous chemical
2. Signal Words - **Warning** (less severe hazards) or **Danger** (more severe hazards)
3. Pictograms -



4. Hazard Statement - describes the nature of potential hazard
5. Precautionary Statement - states the recommended protective measures to keep yourself and others safe
6. Contact Information - of the Manufacturer and Importer to obtain more information

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 #: _____

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	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	
Gloves: Leather Kevlar / Cut resistant Solvent Acid Arm sleeves Fire resistant		Slips, Trips, Falls	Inspect for trip / slip hazards Area clean / clear of debris Hazards marked Tools & material properly stored Electrical / emergency equipment clear
Boots Steel - toe Toe covers Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant			Hand & Power Tools
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	
3. Task Specific Work Plans Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures	Non-Electrical Hot Work		Fire Extinguishers Fire watch Install weld / spark screens Combustible material removed / protected Adequate ventilation
			Crane or other Lifting Equipment
4. Required Work Permits Hot Work (Non-Electrical) Confined Space Excavation Energized Electrical Work (EEW) Critical Lift (Crane) Scaffolds	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	
		Weather	Review plans for weather including heat / wind / moisture Liquids available Cool down periods Sun Screen Heat Stress symptoms
Construction Activity (In Sequence)	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