



## Safety Tailgate Meeting | Week of September 3<sup>rd</sup>, 2018

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

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

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

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

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

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

### What is the IIPP?

**IIPP:** an acronym that most of us have all heard, but do we all know what it means? IIPP stands for “Injury and Illness Prevention Program.” It is a basic written workplace safety program. Title 8 of the California Code of Regulations (T8CCR) section 3203, requires every employer to develop and implement an effective IIPP. Successful injury and illness prevention programs are based on a common set of key elements. These include the following: management leadership, worker participation, hazard identification, hazard prevention and control, education and training, and program evaluation and improvement.

All of Sunbelt’s employees should be familiar with the Sunbelt specific IIPP. They should also know where it is located or how to access it. *All employees have access to the IIPP.* Generally, you will be able to find a copy in gang boxes. Your foreman/supervisor should also have a hard copy in his or her materials.

Digital copies are available anytime you have internet access, as well. It is provided at the website below:

<http://www.sunbeltcontrols.com/about/construction/safety-information-procedures/>

The IIPP has **8 elements**. Those include defining and outlining the following:

Responsibility	Compliance	Training and Instruction	Hazard Assessment
Communication	Record Keeping	Accident and Exposure Investigation	Hazard Correction

Embracing safety for ourselves is the first step to having a good safety culture around the workplace and going home as healthy as we came in. The IIPP is a helpful tool for all employees to use to become familiar with the nuts and bolts of Sunbelt’s expectations for a safe workplace.

**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						

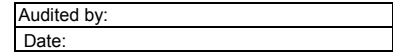
**Foreman's Name & Clock #**

### Severity Rating

**I = Stop Work, Correct Immediately**

**T = Correct Today**

**W = Correct Within One Week**



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

Sheet Metal      Piping      Plumbing      Service

Pre-Task Plan Prepared By: \_\_\_\_\_

Project Safety Contact: \_\_\_\_\_

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

GF/Foreman: \_\_\_\_\_

Date: \_\_\_\_\_

Safety Contact Phone Number: \_\_\_\_\_

<b>1. Required PPE</b>			<b>Hazards</b>			<b>Safe Plan of Action (SPA)</b>								
Hard hat Face shield			<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		
Goggles														
Gloves:    Leather    Kevlar / Cut resistant Solvent    Acid Arm sleeves    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		
Boots    Steel - toe    Toe covers Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant			<b>Hand &amp; Power Tools</b>			Reviewed safety requirements GFCI in use      Identified PPE required Routed cord overhead or taped / barricaded			Guarding OK Inspected condition Inspected electrical cord					
<b>2. Fall Protection</b>			<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					
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>Non-Electrical Hot Work</b>			Fire Extinguishers    Fire watch    Install weld / spark screens Combustible material removed / protected    Adequate ventilation								
			<b>Crane or other Lifting Equipment</b>			Lifting / Rigging equipment inspected Overhead utility clearance verified			Tag lines in use Signalman assigned			Areas barricaded		
			<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>3. Task Specific Work Plans</b>			<b>Weather</b>			Review plans for weather including heat / wind / moisture Cool down periods      Sun Screen      Heat Stress symptoms			Liquids available					
Lifting Plan (required for greater than 50 lbs.) Floor / Wall penetrations Lock Out / Tag Out Procedures			<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>4. Required Work Permits</b>			<b>Safety Huddle Topics:</b>			<input type="checkbox"/> <b>Monday:</b> _____ <input type="checkbox"/> <b>Tuesday:</b> _____ <input type="checkbox"/> <b>Wednesday:</b> _____ <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***