



Safety Tailgate Meeting | Week of September 17th, 2018

Project Name: _____

Job Number: _____

☐ Sheet Metal ☐ Piping ☐ Plumbing ☐ Start-Up

GF/Foremen: _____

Discussion Leader: _____

Date of Meeting: _____

Stop Work Authority

Employees are authorized and obligated to “stop work” on any activity or situation they believe poses a risk to them or a coworker without fear of disciplinary action from management. “Stop work” includes a discussion with other employees, management, and the safety department to resolve work related issues, address potential unsafe conditions, and/or clarify work instructions.

- All Employees have the authority and obligation to stop any task or operation where health and safety concerns or questions exist.
- No work will resume until all “stop work” issues and concerns have been effectively addressed.

Stop Work Procedure:

- Employees identify a potentially unsafe condition or act which could result in an undesirable event.
- The employee who identified the “stop work” incident will notify all affected employees and their operations manager of the identified hazard.
- A “stop work” intervention shall be immediately initiated for the individual(s) potentially at risk.
- All employees shall discuss and gain agreement on the “stop work” issue.
- If possible, employees should resolve any issues that have caused the “stop work.” The corrective action must be discussed with all employees and be in place before they return to work.
- If employees cannot provide a resolution, then work shall be suspended until a solution can be achieved.
- Contact you supervisors or the safety department with any questions or concerns.

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 #: _____		

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 Ear Plugs / Ear muffs Safety Vest Chemical Resistant suit / apron / tyvek suit Respirator Fire Resistant	Slips, Trips, Falls	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	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
	Chemical Hazards	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
	Non-Electrical Hot Work	Fire Extinguishers Combustible material removed / protected Fire watch Adequate ventilation Install weld / spark screens
	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