**Permits/Documents Required**

Confined Space Entry: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Critical Crane Lift Plan  
 Excavation/Trenching Checklist

One Call Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hot Work

Overhead Wires

Voltage: \_\_\_\_\_\_\_\_\_\_\_\_\_ Distance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Licenses/Certifications Required**

Crane Operator  Rigging Critical Signal Person  Vehicle Operator  
 First Aid/CPR  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ Loader Operator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heavy Equipment Operator

**Personal Protective Equipment**

***Clothing*** ***Foot Protection*** High Vis Vest  Safety Toed Boots

Fire Retardant Nomex  Rubber Boots

***Eye/Face***  Electrically Insulated Safety Glasses ***Fall Protection***

Face Shield  Full Body Harness Goggles  Tie Off Point

Welding Shield ***Hearing*  
*Head***  Ear Plugs

Hard Hat  Ear Muffs ***Hand*** ***Respiratory***

Work Gloves  Disposable Cut Resistant  Half Face

Thermal/Welding Gloves  Full Face  Supplied Air

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspections Required**

Ariel Lift  Ladder Crane  Electrical Equipment

Respirator  Excavation  Rigging

Fall Protection  Welding Equipment

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Tailboard**

Foreman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Was anyone injured or did an unplanned incident occur today? □ Yes □ No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it reported to the HSE department? □ Yes □ No

Has the work area been made safe from the day’s work?

□ Yes □ No

What problems did you have with today’s tasks?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any suggestions for improvement from the crew?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any concerns from the crew?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewers**

Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSE Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Tailboard Safety Task**

**Analysis**

Project Name:

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Task Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Task Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Involved Crew Members**

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| --- | --- | --- |
| Name | Were you injured today? Y/N | Initial |
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**Rigging Inspection**

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| --- | --- |
| **Description (Length, ID #, Material)** | **Condition** |
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**General Task**

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**AHA Evaluations**

Drilling Concrete Confined Space Entry  Mobilization  
 Cranes/Lifting/Rigging  Demobilization Material Handling  Excavation

Pile Driving  Cut/Burn/Weld Sheet Piling Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Air Monitoring**

Air Monitor Serial Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Simpson and Brown Meter Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Calibration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Calibration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bump Tested Today?  Yes  No

**Potential Hazards**

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**Other Safety Concerns**

Asbestos Exposure  Overhead Debris Chemical Exposure  Power Tools  
 Demolition  Power Lines Erosion  Pressurized  Flammable Material  Dust/Fumes  
 Grinding  Toxic Exposure High Pressure Cleaning  Traffic Control Housekeeping  Waste Streams  
 Ignition Sources  Weather Conditions Ladders/Scaffolds  Working in Cold/Heat Lead Exposure  Burning  
 Manual Lifting/Handling  Welding Marine Operations  Concrete Pinch Points

**Safe Work Practices Pertinent to Hazards**

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