**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?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**

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



**Rigging Inspection**

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

**General Task**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**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**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**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**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |