



Scope of Work Outlined: Yes No Downrite Job# _____

Location: _____

TAILGATE SAFETY MEETING

Date: _____ Client: _____ Contact #: _____

Utilities Located: Yes No Date of Check: _____ Completed By: _____ Approved By: _____

Hospital Name: _____ Hospital Route - Emergency Numbers Posted Emergency Numbers Discussed

Route: _____

On site Designated first aiders: _____ Muster Point: _____

Sheet Completed By: _____

SAFETY EQUIPMENT AND SHUTDOWNS

- Fire Extinguishers – Inspected –Location
- Location of Emergency Shut Downs
- Company Info Book - Policy
- Plastic under Equipment
- Safety Knives/ Cutting Tools
- Proper Fuel Storage

- Is traffic control needed? Yes No
- Location of Spill Kit
- Location of First Aid
- Use of traffic cones and caution tape
- MSDS Book
- Auger safety guard

EXCLUSION ZONE/HOUSEKEEPING

- Exclusion Zone Delineated with Tape / Cones / Barriers
- Safe area inside exclusion zone
- Path of approach towards drill rig with communication
- Where and when is it safe to approach?
- Rotating equipment
- Moving equipment
- Hoisting and tripping of drill rods
- Pressurized systems (air, hydraulic, water)

| IDENTIFIED HAZARDS | SOLUTIONS |
|--------------------|-----------|
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SAFETY EQUIPMENT AND SHUTDOWNS

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Fair | Good | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guards in Place |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic-Coolant Levels |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air Cleaner System Clean |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Winch Cable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tools In Good Condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic Hose Leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hammer unit |

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| N/A | Fair | Good | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Hooks -Latches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Levels (adequate for shift) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Belts, Pulleys |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hoses: Hydraulic/Water/ Air |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oil Pressure – Engine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Shut Down Operable & Checked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic Cylinders |

PERSONAL PROTECTIVE EQUIPMENT

- Hearing Protection
- Safety Glasses
- Gloves

- Safety Boots
- Coveralls
- Hardhats
- Hi Visibility Vests

Other: _____

SITE HAZARDS

- Walk around and scout the area before driving around the site
- Footing (walking on snow, ice and mud)
- Hidden obstructions
- Other Contractors and equipment on site
- OTHERS: _____

- Tall Grass hides hazards etc. pot holes, sharps, protruding objects
- Uneven ground Conditions, grades
- Overhead power lines, Phone lines
- General Public and children in the area to be escorted off site

The following have reviewed and understand the contents of this site safety plan

| COMPANY | EMPLOYEE'S NAME | SIGNATURE | DATE |
|---------|-----------------|-----------|------|
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