

DAILY JOB BRIEFING: DATE _____

Required PPE / Safety Equipment

- Hard Hat, Safety Glasses, Work Boots
- Safety Vest / Class 3 Hi-Vis Clothing
- Hearing Protection Dust Mask
- FR Coverall / 100% Cotton Undergarment
- AC Face Shield / FR Kevlar Sleeves & Gloves
- 1KV Electric Hazard Rated Rubber Gloves
- Fire Extinguisher
- Other:

HAZARD CATEGORIES		PREVENTATIVE MEASURES		
Work Area Protection		<input type="checkbox"/> Advanced Warning Signs <input type="checkbox"/> Cones & Barricades <input type="checkbox"/> Vehicle as Barrier <input type="checkbox"/> Pedestrian Walkway	<input type="checkbox"/> Arrow Board <input type="checkbox"/> Flag Person(s) <input type="checkbox"/> Cone Toppers <input type="checkbox"/> Noise Mitigation Plan(borough specific)	<input type="checkbox"/> Bike Lane Signage <input type="checkbox"/> Close crosswalk signs
Weather Conditions Rain, Sleet, Snow, Wind, Fog, Thunderstorms, High Temp, Low Temp, Flooding, Mud		<input type="checkbox"/> Slip Resistant Footwear/Spikes <input type="checkbox"/> Slippery Surface Walking Techniques <input type="checkbox"/> Sand / Salt Work Zone	<input type="checkbox"/> Proper Hydration <input type="checkbox"/> Periodic Work Breaks	
Situational Awareness		<input type="checkbox"/> Self Check/Peer Check <input type="checkbox"/> Safety Stop/Time Out		
Heavy Equip / Tools / Rigging Backhoe, Loader, Trencher, Skid Steer, Dig-It, Crane, Dump Truck, HDD, Road Saw, Pneumatic Equip.		<input type="checkbox"/> Backup Alarm Functional <input type="checkbox"/> Hand Signals Confirmed <input type="checkbox"/> Utilize Spotter <input type="checkbox"/> Whip Checks on Compressors <input type="checkbox"/> Air Safety Check Valve	<input type="checkbox"/> Swing Radius Review <input type="checkbox"/> Blind Spot Awareness <input type="checkbox"/> Inspect Rigging Equipment <input type="checkbox"/> Stabilizers Up when Moving <input type="checkbox"/> Establish Drop Zone	<input type="checkbox"/> Be Aware of Overhead Obstacles <input type="checkbox"/> Verify Sufficient Load Capacity of Lifting Equipment
Vehicle Backing, Damage by Public Vehicles, Vehicle Security, Entering / Exiting Risks		<input type="checkbox"/> Spotter for Backing & Tight Maneuvers <input type="checkbox"/> Monitor Vehicle Within Work Zone <input type="checkbox"/> Lock Vehicles Outside Work Zone Other:	<input type="checkbox"/> Parking Brake <input type="checkbox"/> Wheel Chocks <input type="checkbox"/> Remove Keys	<input type="checkbox"/> Utilize 3 Points of Contact <input type="checkbox"/> Safe Parking Locations <input type="checkbox"/> Effective communication between operators/drivers and spotters
Soft Tissue Injury Prevention Sprain, Strain, Contusion, Laceration, Abrasion		<input type="checkbox"/> Co-worker/Mechanical Lift Assist <input type="checkbox"/> Identify Pinch Points/Sharp Edges <input type="checkbox"/> Do not step under truck body when raised	<input type="checkbox"/> Stretch & Flex <input type="checkbox"/> Proper Body Position	<input type="checkbox"/> Maintain 3 Points of Contact on vehicles <input type="checkbox"/> Other
Required Supplies Environmental, Health & Safety Supplies		<input type="checkbox"/> Fire Extinguisher!(inspected) <input type="checkbox"/> First Aid Kit Available <input type="checkbox"/> Bloodborne Pathogen Kit Other:	<input type="checkbox"/> Burn Kit Available <input type="checkbox"/> Attack Pac Spill Kit <input type="checkbox"/> Health And Safety Plan	<input type="checkbox"/> Safety Stop / Time Out <input type="checkbox"/> Condition of Tools <input type="checkbox"/> Spill Blocker Berms

Has the checklist been checked and any deficiencies rectified?

Job Hazards not covered by the checklist Procedure/Precaution

Procedure/Precaution to address each hazard and PPE Required

Job Briefing Conducted By:

Attended By (signatures required)

SIDEWALK & ROADWAY PAVING- LOCATION SPECIFIC JOB BRIEFING

A Job Briefing must be conducted at the jobsite by any multi-person crew before the start of each job, shift, or when conditions change.

Work Location: _____

Ticket #: _____ Date: _____ Time: _____

Scope Of Work _____

Required PPE / Safety Equipment		Pre-Work Assessment				
<input type="checkbox"/> Hard Hat, Safety Glasses, Work Boots	<input type="checkbox"/> Safety Vest / Class 3 Hi-Vis Clothing	Valid Work Permit:	Yes	No	N/A	<input type="checkbox"/> Emergency Permit in Process
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Dust Mask					
<input type="checkbox"/> FR Coverall / 100% Cotton Undergarment		Valid Dig Safe/One Call Ticket:	Yes	No	N/A	
<input type="checkbox"/> AC Face Shield / FR Kevlar Sleeves & Gloves		Dig Safe Pre-Marks	Yes	No	N/A	
<input type="checkbox"/> 1KV Electric Hazard Rated Rubber Gloves						
<input type="checkbox"/> Fire Extinguisher						
<input type="checkbox"/> Other:		Cell Phone Coverage:	Yes	No	N/A	

Hazard Categories	✓	Preventative Measures				
Road Conditions/Traffic Hazards Heavy Vehicular Traffic, High Speed Vehicles, Commercial Vehicles, Pedestrian Volume, Proximity to School / Businesses		<input type="checkbox"/> Vehicle Traffic HEAVY- LIGHT	<input type="checkbox"/> One Way Street	<input type="checkbox"/> Fire Dept	<input type="checkbox"/> Police Precinct	
		<input type="checkbox"/> Pedestrian Traffic HEAVY - LIGHT	<input type="checkbox"/> Two Way Street	<input type="checkbox"/> School	<input type="checkbox"/> Establish incident	
		<input type="checkbox"/> Bike Lane	<input type="checkbox"/> 2 Lanes plus Parking Lane	<input type="checkbox"/> command with FD/PD		
		<input type="checkbox"/> Bus Route	<input type="checkbox"/> 4 Lanes plus Parking Lane			
		<input type="checkbox"/> Other :	<input type="checkbox"/> Bioswale			
Jobsite Hazards Undermine, Active Construction, Tripping Hazards, Traffic Plates, Material Storage, Debris, Environmental Concerns, Noisy, Dark		<input type="checkbox"/> Identify / Eliminate Tripping Hazards	<input type="checkbox"/> Equipment, Tools & Material Stored Properly			
		<input type="checkbox"/> Effective Communication between spotters and operators/drivers	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Maintain Situational Awareness		
		<input type="checkbox"/> Traffic Plates Stored / Handled Properly	<input type="checkbox"/> Safety Stop/Time Out	<input type="checkbox"/> Identify other energy sources		
		Other:	<input type="checkbox"/> Jobsite Lighting			
Other Utility Assets OH/UG Electric, Cable, Telephone, Water, Sewer, Cesspool, Sprinklers		<input type="checkbox"/> Hand Excavate within Tolerance Zone	<input type="checkbox"/> Verify Markout			
		<input type="checkbox"/> Shunt on Cut				
		<input type="checkbox"/> Overhead Utility lines				
		Other:				

Has the checklist been checked and any deficiencies rectified? Y / N

Job Hazards not covered by the checklist: Procedure/Precaution

Procedure/Precaution to address each hazard and PPE required

Foreman:

Job Briefing Conducted By:

Attended By(Signatures Required):
