

Tailboard/Pre-Job Briefing Electric Crews

A new form must be completed daily.

Date:		EIC Name & Phone:	
Time:		PM#:	
Nearest Hospital:		Job Location:	
DO#:		Circuit#:	

PRIOR TO COMMENCING WORK – PLEASE COMPLETE EMERGENCY ACTION PLAN MAGNET

Summary of Work – Job Steps

Hazards Associated with Work

Mitigation Measures – What Will Be Done to Eliminate Hazards



Hazard Wheel List

Biological	Mechanical	Sound
Chemical	Motion	Temperature
Electrical	Pressure	SURVEY JOBSITE FOR ALL HAZARDOUS ENERGY SOURCES
Gravity	Radiation	

Special Mitigation Measures	Yes	No	Special Mitigation Measures	Yes	No
Live-Line Work	<input type="checkbox"/>	<input type="checkbox"/>	Rotation Discussed	<input type="checkbox"/>	<input type="checkbox"/>
Rubber Gloving	<input type="checkbox"/>	<input type="checkbox"/>	Phase Marking Discussed	<input type="checkbox"/>	<input type="checkbox"/>
Possible Back-Feed Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Voltage Testing	<input type="checkbox"/>	<input type="checkbox"/>
Grounding Per Title 8 §2941	<input type="checkbox"/>	<input type="checkbox"/>	Switch Log	<input type="checkbox"/>	<input type="checkbox"/>
MAD Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Di-Electric & Live-Line Inspection	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Cover on Secondary Points of Contact	<input type="checkbox"/>	<input type="checkbox"/>
Public/Pedestrian Safety	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Source Side Devices	Physical Location of Source Side Devices
SW	
SW	
SW	
SW	

