

Tailboard/Pre-Job Briefing Electric Crews

A new form must be completed daily.

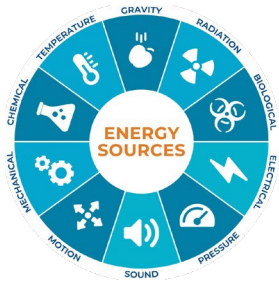
Date:		EIC Name & Phone:	
Time:		PM#:	
Nearest Hospital:		Job Location:	
DO#:		Circuit#:	

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	

Grounding Per Title 8 §2941

Will Grounding Be Needed? Yes No Ground(s) installation and removal accounted for by foreman? Yes No

List ALL Locations Requiring Grounding

Existing Characteristics and Conditions of Lines and Equipment

Nominal Voltages of Lines and Equipment		Other:	
Name of employee that verified transformer and equipment:	Name:	Signature:	Date of verification:
Name of employee that verified transformer and equipment:	Name:	Signature:	Date of verification:
If #6-Copper is being worked, has condition been inspected prior to work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Location of circuits and equipment verified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Condition of Pole(s) verified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		No	<input type="checkbox"/>
		No	<input type="checkbox"/>

Critical Step and Work Procedure Evaluation

		Yes	No	N/A
Is excavating taking place at this location: pole hole, hand-dig, mechanical excavation, etc.?	<input type="checkbox"/>			
Has the project location been USA'd and has positive verification been established?	<input type="checkbox"/>			
Will conductor be phoned-out?	<input type="checkbox"/>			
Location of cable ring out:				
Location of hi pot:				
Have equipment and enclosures been thoroughly inspected in an effort to recognize unprotected components which pose an incidental contact and circuit interruption risk?	<input type="checkbox"/>			
Does the electrical facility need to be tested with infrared?	<input type="checkbox"/>			
Do blast blankets need to be installed as a measure of protection?	<input type="checkbox"/>			
Will #6-Copper be worked with and has condition been evaluated to be safe?	<input type="checkbox"/>			
Have all confined spaces been tested for hazardous atmospheres prior to entry?	<input type="checkbox"/>			
Will a Non-Test be required?	<input type="checkbox"/>			
Wall Mounted Receptacle/pass through bushings exist?	<input type="checkbox"/>			
Vehicle and Equipment staged in a location clear of overhead utility line clearance and line-of-sight hazards?	<input type="checkbox"/>			

Pole Condition: Prior Inspection Results: Stabilization Controls:

***IF YES, DOCUMENT A PICTURE OR WRITE OUT DETAILS ON THE TAILBOARD**

Human Performance and Error Prevention Tools

Stop Work Authority	2-Minute Rule
3-Way Communication	Work Site Protection
Designated Spotters	STAR – Stop, Think, Act, Review
360 Walk-Around	Be Your Brothers/Sisters Keeper

Pre - Job

Post - Job

I have been briefed on the correct procedures for doing this job and fully understand the hazards and the safe work methods to avoid the hazards.	I have received a post-job briefing regarding work performed. Any incidents that arose throughout the day have been reported and documented regardless of the severity.
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Signatures	Signatures	Any work injury?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

