|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | | | | | **Project #:** | | | | |
| **Today’s Tasks:** | | | | | | **Reviewed By:** | | | | |
| **Today’s Production Goals:** | | | | | | | | | | |
| **EMERGENCY NUMBER 911: Emergency Contact Person(s)** | | | | | | | | | | |
| **Team Lead:** | | | | **Date:** | | **Location:** | | | | |
| **HAZARDOUS CONDITIONS – IF YES – ADDITIONAL DOCUMENTATION REQUIRED** | | | | | | | | | | |
| **Hazardous Condition** | **Yes** | **No** | **Apollo Forms!!** | | **Hazardous Condition** | | **Yes** | **No** | **Apollo Forms!!** |
| 1. Pressure Testing (AISH 41) |  |  | Pressure Test Cert. | | 9. Silica (Concrete Dust) (AISH 21) | |  |  | Silica Work Plan |
| 2. Confined Space (AISH 16) |  |  | CSE Eval & Permit | | 10. Lock and Tag (AISH 14) | |  |  | Lock & Tag Log |
| 3. Welding/Burning (AISH 14) |  |  | Hot Work Permit | | 11. Scaffolding (AISH 22) | |  |  | Scaffold Checklist |
| 4. Fall Hazards (AISH 11) |  |  | Fall Protection Plan | | 12. Aerial Lift/Forklift (AISH 20&40) | |  |  | Verified training |
| 5. Excavation/Trenching (AISH26) |  |  | Exc. Inspection | | 13. Rigging (AISH 35) | |  |  | Verified Riggers |
| 6. Hazardous Materials (AISH 24) |  |  | Review SDS | | 14. Cranes (AISH 36) | |  |  | Pre-Mob/Pick Plan |
| 7. Respiratory Hazards (AISH 32) |  |  | Trained, Med Cleared, and Fit Tested | | 15. Demolition (AISH 23) | |  |  | Lead and Asbestos Report |
| 8. Overhead Power Lines (AISH37) |  |  | Overhead Power Check | | 16. Line Break (AISH 44) | |  |  | Line break/demolition check list |

improved life IDEA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who’s idea?\_\_\_\_\_\_\_\_\_\_\_\_\_\_communicate up the flag pole? ⃝yes-⃝no

**Pick One**:⃝Defect⃝ Overproduction⃝ Waiting⃝ Not Utilizing Talent⃝ Transportation⃝ Inventory Excess⃝ Motion waste⃝ Excess processing

MINIMUM PPE: Hard Hat, Safety Glasses, Shirts 4” Sleeve, High Visible vest/shirt, Boots, Cut 4,5,6 Gloves (circle one)

**ADDITIONAL PPE REQUIRED**:  Leather Gloves  Spoggles Harness and Lanyard Face Shield Hearing Protection Welding Jacket

Respirator Flash Arc Protection Cutting goggles Welding Hood Hard Hat Welding Hood Anti Vibration Gloves Kevlar Sleeves (cut 4 min)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task** | | **Hazards** | | **Controls** | | **Task Completed?** | **If No, WHY?** | |
|  | |  | |  | | Yes No |  | |
|  | | **HOME SAFE!** | |  | | Yes No |  | |
|  | |  | |  | | Yes No |  | |
|  | |  | |  | | Yes No |  | |
|  | |  | |  | | Yes No |  | |
| **NAME**  **(Print)** | **SIGNATURE** | | **Were you Injured Yesterday?** | | **NAME**  **(Print)** | **SIGNATURE** | | **Were you Injured Yesterday?** |
|  |  | | Yes\_\_\_ No\_\_\_ | |  |  | | Yes\_\_\_ No\_\_\_ |
|  |  | | Yes\_\_\_ No\_\_\_ | |  |  | | Yes\_\_\_ No\_\_\_ |
|  |  | | Yes\_\_\_ No\_\_\_ | |  |  | | Yes\_\_\_ No\_\_\_ |
|  |  | | Yes\_\_\_ No\_\_\_ | |  |  | | Yes\_\_\_ No\_\_\_ |
|  |  | | Yes\_\_\_ No\_\_\_ | |  |  | | Yes\_\_\_ No\_\_\_ |

What could have gone better today? (Use other side if necessary)