

Example of weekly Safety
Packets.

**T.A. WOODS
COMPANY**

**THINK
SAFETY:
WORK
SAFELY**

AS OF 09/21/2017

0 LOST TIME ACCIDENTS

1 RECORDABLE ACCIDENTS

1 NONRECORDABLE/FA ACCIDENT

1 VEHICLE ACCIDENT/ 1 CLAIM

0 PROPERTY DAMAGE-GL CLAIMS



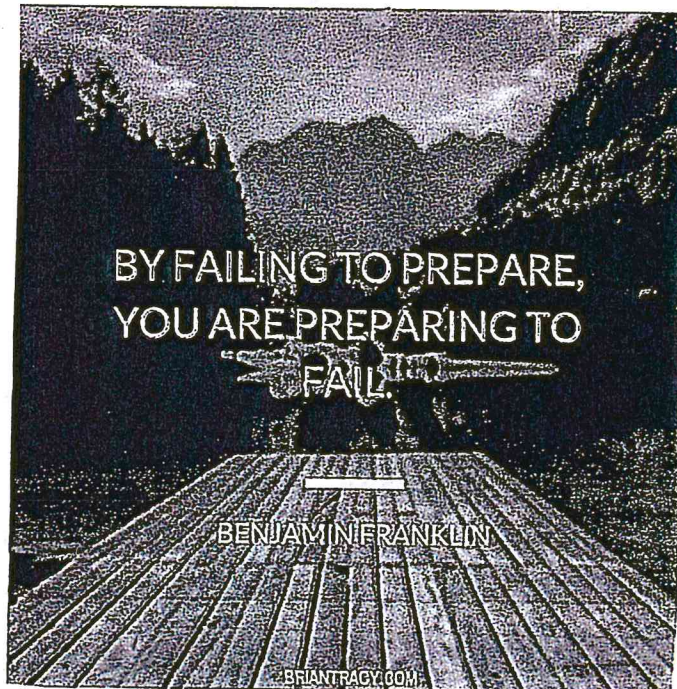
September 25, 2017

*****MAKE UP SILICA TRAINING*****

IF YOU OR A CURRENT EMPLOYEE ON YOUR CREW MISSED SILICA TRAINING DURING THE WEEK OF SEPTEMBER 18-22, a make-up session needs to be attended. Contact Teresa regarding scheduling. Make up session will be conducted at the Wilmington Business office.

*****Silica Certifications*****

Training Certs will be generated and filed in personnel folders. If your site requires a hard copy, please contact Cheyenne and she will provide. Hard hat stickers will be provided after all training is completed..



T.A. WOODS COMPANY

WEEKLY SAFETY/TRAINING MEETING

Date of Meeting: September 25, 2017

This will change every week.

Number: WS1738/09252017

Project ID/Location: _____

Safety Topics

1. Train your employees using the guidelines presented on the reverse side of this form.
2. Review the following topics as well:
 - SITE SPECIFIC SAFETY AND CONDUCT RULES**
 - A.
 - B.
 - C.

****Superintendents/Supervisors: On a weekly basis, discuss the following:**

1. causes of accidents of the past week and remedies
2. new work duties and related safety issues
3. personal protective equipment that may be needed for new job duties this week
4. review of MSDS for new chemicals on the jobsite
5. **DoD- review of AHA before Definable Work**
6. other relevant site safety
- 7.

Subcontractor/General Contractor represented during Safety Training ; _____

Special Topics discussed:

Employees' Safety

Recommendations/Concerns: _____

Safety Training/ Meeting Time _____ Superintendent/Supervisor _____
Attending Employees' Signatures:

_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTENTION ELECTRICAL SUPERVISORS: PLEASE INITIAL AND DATE IF YOU HAVE INSPECTED ALL GFCI ON THE PROJECT SITE Daily.

Date: _____

Initials: _____

******SUPERINTENDENTS/FORE – CONDUCT DAILY 5x3 SAFETY/PRODUCTION MEETINGS.1.START of the workday 2. RECONVENE after lunch.3.END of the workday/REPORT, document of incident, accident, injury if applicable. RECORD 5X3 topics on DSFR. Initials: _____**

******I HAVE READ THE ATTACHED SUPERINTENDENT SIDENOTES Initials: _____**

THINK SAFETY:WORK SAFELY

T.A. WOODS COMPANY
WEEKLY SAFETY TRAINING

The Culture of Safety –Tool Safety

Please provide the following information to your employees:

With the upcoming implementation of new silica standards, most of us are sure to see new tools and equipment on our work sites. With that in mind Tool Safety seems a like a logical topic to move to.

Let's learn a little history about the use of tools. Archeologists have found remnants of tools that date back to the dawn of human civilization. Humans realized early on that tasks were a whole lot easier when tools were used. Something simple like picking an apple is a lot easier with a tool. Without a tool, you will have to scale the tree until you could grab a branch, pull yourself up using the branch, scoot out on a stable branch, and reach for an apple. Or you can use a tool – say a stick – and knock it down.

Look around your work area, there are thousands of dollars' worth of tools, Most of us have been collecting tools for years. You have tools at work and you may even have a shed or garage full of tools. Some get used and others are there just in case they are needed. When you go to Lowes or Home Depot do you find yourself looking at the tools whether you need one or not.

Similar to being an athlete and having the ability to use a bat to hit a ball out of the park, skilled tradesmen have a learned intelligence allowing us to utilize tools to complete a task in the most productive manner with the greatest quality. Some will refer to this as “muscle memory” other may say this intelligence is due to experience.

Like anything we become accustomed to, we may forget the hazards tools will pose whether at home, work, or play. As a user of any tool, safety should be a component of use. As has been said over and over “an ounce of prevention is worth a pound of cure”. Being proactive is far better than being retroactive when we are conducting an accident investigation and have to drill down to the root cause.

Like all study of safety training, we want to be able to address the three main topics – What type of tools, what are the hazards, and how do we control the hazards. Over the few weeks we are going to talk about

engineering controls, work practices, and PPE needed when working with tools.

Safety is a TEAM EFFORT, and we all have to do our part to ensure the safety of every member of our team. Remember our motto "THINK SAFETY:WORK SAFELY" – by assessing hazards and planning for safe production, practicing effective communication, and working as a team with personal responsibility and accountability, we all stay safe.



SAFETY

FIRST AID /PPE/Administrative Order Form

Please complete this checklist and return with your weekly paperwork. First Aid supplies will be delivered as soon as possible. If you have an urgent need for safety supplies, contact Teresa.

Name: _____

Charge to Project: _____

Date: _____

Instructions: Please review the list below. As you inspect your First Aid Kit(s), please complete this form: If you are in need of the supply listed, write yes in the space provided; if you are not in need of the supply listed, disregard. If you need a specific quantity of the supply listed, write this number in the space provided. If no quantity is listed, you will be given basic supply.

First Aid Item	Needed for Kit	Quantity
Cleansing Towelettes	_____	_____
Antiseptic Wipes	_____	_____
Fingertip Bandages	_____	_____
Knuckle Bandages	_____	_____
General Bandages (Band-Aids)	_____	_____
Gauze Wrap Gauze	_____	_____
Pads First Aid Tape	_____	_____
Portable Eye Wash	_____	_____
Instant Cold Pack	_____	_____
Antibiotic Cream	_____	_____
Burn Cream	_____	_____
Vinyl Gloves	_____	_____
Other: _____	_____	_____

PPE:	Type	Quantity/Sizes
Gloves	_____	_____
Eye Protection	_____	_____
Hearing Protection	_____	_____
Head/Face Protection	_____	_____
Other: _____	_____	_____

Administrative Supplies:	
Timesheets	_____
DSFRs	_____
Other: _____	_____



WEEKLY VEHICLE INSPECTION CHECKLIST

Instructions: Complete the Weekly Vehicle Inspection Checklist and return with your weekly paperwork.

Please indicate by marking a Y for YES and a N for No that you have personally inspected the component of your assigned company vehicle. If you note maintenance or service is needed, be specific by providing details. Routine maintenance should be planned accordingly by contacting the Shop Administrator. If immediate repair is needed, you should call the Shop Administrator.

No repair, service or maintenance is to be completed without Shop Administrator's acknowledgement. In emergency situations, a manager can approve repair.

DATE: _____

VEHICLE#: _____

DRIVER: _____

ODOMETER READ: _____

NEXT SCHEDULED SERVICE: _____

VEHICLE COMPONENT	INSPECTED Y OR N	PROBLEMS/ISSUES
Headlights and Turn Signals		
Oil level		
Fluid levels		
Horn		
Brake lights		
Brakes		
Tires		
Transmission/gears		
Closure of doors, tailgate		
Seatbelts		
Other	XXXXXXXXXXXXXXXXXXXXXXXXXX	

List body and mechanical damage: _____

Notes: _____

Signature: _____

Example



SAFETY

FIRST AID /PPE/Administrative Order Form

Please complete this checklist and return with your weekly paperwork. First Aid supplies will be delivered as soon as possible. If you have an urgent need for safety supplies, contact Teresa.

Name:

John Smith

Charge to Project:

Delalio - 14.005E

Date:

M-D-4444

Instructions: Please review the list below. As you inspect your First Aid Kit(s), please complete this form: If you are in need of the supply listed, write yes in the space provided; if you are not in need of the supply listed, disregard. If you need a specific quantity of the supply listed, write this number in the space provided. If no quantity is listed, you will be given basic supply.

First Aid Item	Needed for Kit	Quantity
Cleansing Towelettes	<u>No</u>	<u> </u>
Antiseptic Wipes	<u>No</u>	<u> </u>
Fingertip Bandages	<u>No</u>	<u> </u>
Knuckle Bandages	<u>No</u>	<u> </u>
General Bandages (Band-Aids)	<u>No</u>	<u> </u>
Gauze Wrap Gauze	<u>No</u>	<u> </u>
Pads First Aid Tape	<u>No</u>	<u> </u>
Portable Eye Wash	<u>No</u>	<u> </u>
Instant Cold Pack	<u>No</u>	<u> </u>
Antibiotic Cream	<u>No</u>	<u> </u>
Burn Cream	<u>No</u>	<u> </u>
Vinyl Gloves	<u>No</u>	<u> </u>
Other: <u>N/A</u>	<u>NO</u>	<u> </u>

PPE:	Type	Quantity/Sizes
Gloves	<u>flex</u>	<u>6 pair / L / XL</u>
Eye Protection	<u>Clear</u>	<u>6 pair</u>
Hearing Protection	<u>No</u>	<u> </u>
Head/Face Protection	<u>No</u>	<u> </u>
Other: <u> </u>	<u>No</u>	<u> </u>

Administrative Supplies:

Timesheets

1 pack

DSFRs

No

Other:

No

Example



WEEKLY VEHICLE INSPECTION CHECKLIST

Instructions: Complete the Weekly Vehicle Inspection Checklist and return with your weekly paperwork.

Please indicate by marking a Y for YES and a N for No that you have personally inspected the component of your assigned company vehicle. If you note maintenance or service is needed, be specific by providing details. Routine maintenance should be planned accordingly by contacting the Shop Administrator. If immediate repair is needed, you should call the Shop Administrator.

No repair, service or maintenance is to be completed without Shop Administrator's acknowledgement. In emergency situations, a manager can approve repair.

DATE: M-DD-4444

VEHICLE#: #123

DRIVER: John Smith

ODOMETER READ: 26797

NEXT SCHEDULED SERVICE: 28390

VEHICLE COMPONENT	INSPECTED Y OR N	PROBLEMS/ISSUES
Headlights and Turn Signals	Y	
Oil level	Y	
Fluid levels	Y	
Horn	Y	
Brake lights	Y	
Brakes	Y	
Tires	Y	
Transmission/gears	Y	
Closure of doors, tailgate	Y	
Seatbelts	Y	
Other	XXXXXXXXXXXXXXXXXXXXXXX	

List body and mechanical damage: _____

Notes: Front brakes need service

Signature: 

