

## Pre-Job/Tailgate Safety Meeting

**REQUIRED FOR ALL JOBS NOT  
COMPLETED UNDER THE PROVISIONS  
OF A SAFE WORK PERMIT**

Date: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_  AM  PM Meeting Leader: \_\_\_\_\_

Marathon Employee(s) Present:  Yes  No Time Job Begins: \_\_\_\_\_  AM  PM Estimated Job Duration: \_\_\_\_\_  HRS  MIN

Safety Status Checks Planned During Job:  Yes  No Facility Name and Location: \_\_\_\_\_

Work Activity: \_\_\_\_\_

Nearest Emergency Medical Services Phone Number (other than 911): \_\_\_\_\_

**MINIMUM STANDARD REQUIREMENTS VERIFICATION** (must be verified for all persons in the work group)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hard Hat  | <input type="checkbox"/> Safety Glasses w/side-shields                    | <input type="checkbox"/> Safety-Toed Footwear                        |
| <input type="checkbox"/> Personal H <sub>2</sub> S Monitor (if in sour area)                               | <input type="checkbox"/> Has Received Orientation                         | <input type="checkbox"/> Proof of Training Available                 |
| <input type="checkbox"/> Locks/Tags Available (if LO/TO is necessary)                                      | <input type="checkbox"/> Meets Facial Hair Requirements (if in sour area) | <input type="checkbox"/> New on the Job Employees Identified         |
| <input type="checkbox"/> Excavations/Confined Spaces (identified & barricaded)                             | <input type="checkbox"/> Energy Control Procedure (if LO/TO in use)       | <input type="checkbox"/> Job Safety Analysis Reviewed (if available) |
| <input type="checkbox"/> Radios Provided for Communications For Heavy Equipment Operations (if necessary)  |   | <input type="checkbox"/> MSDS available for review                   |
| <input type="checkbox"/> Confirm specifications of down hole equipment (e.g., grade, size, location, etc.) |   |  |

**HAZARD IDENTIFICATION AND SAFETY BRIEFING/DISCUSSION** (check and discuss all relevant hazards)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hazardous Positions of People                         | <input type="checkbox"/> Electrical Current                   | <input type="checkbox"/> Hazardous Atmospheres       |
| <input type="checkbox"/> Flammables/Combustibles/Explosives                    | <input type="checkbox"/> Outside Temperature Extremes         | <input type="checkbox"/> Gravity/Motion/Pinch Points |
| <input type="checkbox"/> Overexertion/Heavy Lifting                            | <input type="checkbox"/> NORM or Other Radiation              | <input type="checkbox"/> Noise Levels                |
| <input type="checkbox"/> Trapped Pressure/High Pressure Hoses Secured          | <input type="checkbox"/> Slips/Trips/Falls                    | <input type="checkbox"/> Falling From Heights        |
| <input type="checkbox"/> Tools/Equipment (No cheater pipes used)               | <input type="checkbox"/> Rigging (No lever type boomers used) | <input type="checkbox"/> Chemicals/Oil               |
| <input type="checkbox"/> Overhead Work/Suspended Loads (tag lines used)        | <input type="checkbox"/> Underground & Surface Utilities      | <input type="checkbox"/> Overhead Power lines        |
| <input type="checkbox"/> Vehicle Concerns (parking, trailer hitch inspections) | <input type="checkbox"/> Site Security (gate check in)        | <input type="checkbox"/> Insects/Snakes              |
| <input type="checkbox"/> Other: _____  |   |  |

**ADDITIONAL PPE REQUIREMENTS** (Based on the job specific hazards, check all that apply)

- |   |   |  |   |
|---|---|--|---|
| <p><b>EYES/FACE</b></p> <input type="checkbox"/> Tinted Lenses<br><input type="checkbox"/> Goggles<br><input type="checkbox"/> Face Shield<br><input type="checkbox"/> Hearing Protection | <p><b>HANDS</b></p> <input type="checkbox"/> Chemical Resistant Gloves<br><input type="checkbox"/> Heat Resistant Gloves<br><input type="checkbox"/> Cotton or Leather Gloves<br><input type="checkbox"/> Dielectric Gloves | <p><b>FEET</b></p> <input type="checkbox"/> Rubber Boots<br><input type="checkbox"/> Over Boots<br><input type="checkbox"/> Dielectric Boots | <p><b>OTHER</b></p> <input type="checkbox"/> Air Purifying Respirator<br><input type="checkbox"/> Supplied Air Respirator<br><input type="checkbox"/> Flame Resistant Clothing<br><input type="checkbox"/> Chemical Resistant Clothing<br><input type="checkbox"/> Personal Fall Arrest System<br><input type="checkbox"/> Safety Vests (for vehicular traffic) |
|---|---|--|---|

**ENVIRONMENTAL CONCERNS** (If unsure on how to address environmental concerns, please contact a HES Technician or HES Professional)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Potential for Spills/Gas Releases | <input type="checkbox"/> Impact to Sensitive Areas | <input type="checkbox"/> Hazardous Wastes | <input type="checkbox"/> Non-Hazardous or Exempt Wastes |
|--|--|---|---|

**EMERGENCY PREPARATION**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Muster Areas Identified | <input type="checkbox"/> Communication Methods | <input type="checkbox"/> Means of Egress | <input type="checkbox"/> Emergency Equipment |
|--|--|--|--|

**ADDITIONAL TOPICS COVERED** (List on line below)

\_\_\_\_\_

**POST JOB DEBRIEFING** (Complete this section after the job is finished at the end of the day)

Were any additional hazards (other than those listed above) encountered during the course of this work?  Yes  No

If yes, list them here: \_\_\_\_\_

Were any near misses or good catches reported during this work?  Yes  No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

List one thing that went well today that will be continued: \_\_\_\_\_

List one thing that didn't go so well where improvement is needed tomorrow: \_\_\_\_\_

Status Checks Conducted: \_\_\_\_\_  AM  PM \_\_\_\_\_  AM  PM

Audited by Marathon Area Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature



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SIGNATURES OF ATTENDEES ON BACK SIDE OF FORM

## Side B

Supervisors are responsible for the performance of personnel under their direction  
**Attendees** (*Signature / Company*)

Name

Company Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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