

TAILGATE SAFETY SESSION RECORD

Arapaho & Roosevelt National Forests and Pawnee National Grassland

Date: _____ Time: _____ Location: _____

Project: _____ Conducted by: _____

Discussion Items

1. Emergency Medical Response and Evacuation Plan (EMREP)
 - a. Forest Service Project Leader _____
 - b. Emergency Radio communication protocol _____
 - c. Anyone have EMT or Medical Training? (circle one) **(YES)** **(NO)**
 - d. Where is the nearest Medical Facility? _____

2. Risk Analysis Worksheet (RAW) reviewed (circle one) **(YES)** **(NO)**

3. Job Hazards: (Check those that were discussed)

<input type="checkbox"/> Avalanches	<input type="checkbox"/> Bike Traffic	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Falling Debris
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Hazard Trees	<input type="checkbox"/> Hazardous Plants	<input type="checkbox"/> Heat Exhaustion
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Hiking	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Horses/Mules
<input type="checkbox"/> Hunters	<input type="checkbox"/> Hypotherm/Frostbite	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Knowledge of Area
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lifting	<input type="checkbox"/> Office Hazards	<input type="checkbox"/> Poor Visibility
<input type="checkbox"/> Proper Footing	<input type="checkbox"/> Snags/Brush	<input type="checkbox"/> Sprains/Strains	<input type="checkbox"/> Steep Slopes
<input type="checkbox"/> Sunburn	<input type="checkbox"/> Ticks/Other Bugs	<input type="checkbox"/> Tools	<input type="checkbox"/> Driving
<input type="checkbox"/> Water Hazards	<input type="checkbox"/> Wildlife	<input type="checkbox"/> Others? _____	

4. Personal Protective Equipment (PPE) to be used on this job? (Check those required)

<input type="checkbox"/> Hardhat	<input type="checkbox"/> Work Gloves	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Ear Protection
<input type="checkbox"/> Long Sleeve Shirt	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Work Boots	<input type="checkbox"/> Mosquito repellent
<input type="checkbox"/> Tick spray	<input type="checkbox"/> Other: _____		

5. Review of Previous accidents on similar jobs, if applicable (circle one) **(YES)** **(NO)**

6. Suggestions and/or demonstrations: _____

Notes/Comments: