

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: