

# Facilities

## JOB BRIEFING / EMERGENCY PROCEDURE

Date: \_\_\_\_\_

(To be performed at commencement of work and when conditions change)

Police #: 1 800-716-9132 Hospital #: 911 R.T.C. or Yard Master #: \_\_\_\_\_

Location:

Department:

Others:

Work to be performed:

Procedures to implement:

<b>Results of Inspection</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Safety and Emergency <b>procedures posted?</b>			
Rescue Equipment in place?			
First Aid Kit and Stretcher On-site			
Is <b>PPE</b> being used?			
Is Special PPE required?			
Signs or <b>track protection</b> according to regulation?			
Is there other equipment working in our limits			
Job site <b>clean</b> , free of obstacle or slippery conditions?			
<b>Fall protection</b> required?			
Will anchorage or scaffold need to be inspected?			
Tools & Equipment: in <b>good condition?</b>			
<b>Hot Work</b> required?			
Is <b>Confined Space Permit</b> required?			
Trenching and <b>excavations</b> required?			
Any buried cables or gas or powerlines?			
Have appropriate authorities been contacted?			
Is <b>Lockout/Tagout</b> required?			
Have all other departments been advised?			
Does everybody understand?			

Others:

Deficiencies (safety):

Remedial Action (Required/Taken):

Scaffolds, Anchors, Lifeline, etc., Daily Inspections by:

Comments:

No visitors will be permitted on the job site without the foreman's knowledge. All visitors shall be briefed on the work and unsafe areas explained.

Visitor Names:

ISN Compliant?            Yes            No

Employee Name	Signature	FirstAid	E-Rail