



ECI Safe Work Tailboard

ECI Project No. _____

Project: _____ **Date:** _____ **Time:** _____

EMERGENCY Emergency Call No. _____

INFORMATION 911 Address: _____

ECI Employee in Charge: _____ **Sign -In**

Emergency Equipment Fire Extinguisher: _____

Location: First Aid Kit: _____

Eyewash Station: _____

PPE Requirements Minimum = Hard Hat, Safety Glasses, Hi-Visibility Clothing

(full-time) Additional: Steel Toe Boots _____

Reflective Vests _____

Specify Other: _____

Digsafe # _____ Exp. Date: _____

Job Description for Today: _____

Hazard **Corrective Action**

Traffic _____

OH Lines _____

UG Utilites _____

Power Tools _____

Working/Moving Equip _____

Excavations _____

Working Above 6 ft _____

Dust/Vapors _____

Cutting/Grinding _____

Open Flame or Hot Work _____

Extreme Weather _____

Night Work _____

Slips/Trips/Falls _____

Personal Lifting _____

Rigging/Hoisting _____

Confined Space _____

Biological/Chemical _____

Railroad _____

Working Over Water _____

Other: _____

Use Back for Additional Notes & Requirements

Form Completed by: _____