ECI **Engineers Construction; ECI Directional Drilling; ECI Rail Constructors**

AC Paving ***Project#*** **Date:** _____ **Time:** _____

Safe Work Tailboard **Sign in**

EMERGENCY INFORMATION

911…… ***If NOT 911*** (List)

PRIMARY Contact: Phone #

Secondary Contact: Phone #

911 Address:

DIG Safe Number: **Expiration Date**:

List Competent Person:

First Aid Kit is Where

Fire Extinguisher is Where

Eyewash Station is Where

PPE Equipment - Steel Toe Boots __ Safety Glasses

Hard Hat __ Vests / Shirts __ Hearing Protection

Other (List):

Job Description for today:

_____

_____

_____

_____

Special Precautions: **Known or Potential Hazards**

_____

_____

_____

_____

Job Safe Work Plan for today:

_____

_____

_____

_____

Job Review - Did Changes Have to be made or corrected to the Safe Work Plan today:

_____

_____

_____

_____

Form Completed By: Signature _____