

Caltex Energy Inc. Pre-Job Safety Meeting Form

Site or Location: _____ Date: _____

Company: _____

Job Description: _____

Permit required: # _____ Y N N/A

Operators trained on equipment: Y N N/A

S.O.P available: Y N N/A

Have all fire and explosion hazards been identified Y N N/A

Note: If fire and explosion hazards exist, ensure all workers are trained and controls are in place.

Topics Discussed (general): _____

Scope of Work: _____

Hazards: _____

Plans to Eliminate/Control Hazards: 1) *Engineering* 2) *Administrative* 3) *Personal Protective Equipment*

Attendees:	Print Name	Initial	Print Name	Initial

- PPE (if applicable):**
- | | | |
|---|---|--|
| <input type="checkbox"/> Side Shield Glasses | <input type="checkbox"/> Safety Boots | <input type="checkbox"/> Respiratory Equipment |
| <input type="checkbox"/> Goggles/Face Shield | <input type="checkbox"/> Fire Retardant Clothing | <input type="checkbox"/> Signage Required |
| <input type="checkbox"/> Combustible Gas Monitors | <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Toxic Gas/O ₂ Detectors | <input type="checkbox"/> Fire Control Equipment | <input type="checkbox"/> Facial Hair Policy |
| <input type="checkbox"/> Reflective Clothing | <input type="checkbox"/> Emergency Communications | <input type="checkbox"/> Barricades |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fall Protection/Prevention | <input type="checkbox"/> Non-Spark Tools |
| | <input type="checkbox"/> Approved Lighting | <input type="checkbox"/> Other _____ |

Contractor Supervisor: _____ Site or Safety Supervisor: _____

Copy 1- Originator

Copy 2 - Supervisor