## City of San Angelo 72W College Ave 2nd Floor San Angelo TX 76902

## TAILGATE/TOOLBOX SAFETY TRAINING

Safety Services Company-Safety Meeting Division, PO Box 6408 Yuma, AZ 85366-6408 Toll Free (866) 204-4786

#187108
SAFETY
SERVICES
COMPANY

Job Name:	Job Site Location:
Date: Start Time:	Finish Time: Foreman/Supervisor:
Introduction: Knowing the proper use, care acquired through your PPE (Personal Protect the dangers are invisible) dictates the need for Safe practices include: ① Prohibiting from removing the respirator in hazard performance throughout the work-shift Respirators with tight-fitting face-pied the sealing surface of the face-piede as Employees must ensure: prior to enterpositive/negative pressure seal test by Employers must ensure: that workers procedure. Appropriate monitoring of Employees must leave the respirator-	Finish Time:Foreman/Supervisor:
to prevent eye or skin irritation; Department of the cleaning are kept on hand to provide for the cleaning are kept on hand to provide for the cleaning are kept on hand to provide for the cleaning are kept on hand to provide for the cleaning are kept on hand to provide for the cleaning are kept on hand to provide for the cleaning are kept on hand to provide each us respirators are inspections of confirm that respirators are inspections of the various parts; Defends on the various parts on the various part	If workers detect vapor or gas breakthrough, changes in the filter's see the respirator or the filter, cartridge, or canister elements.  Ince and Care is vitally important. Be sure that sufficient equipment and supplies and disinfecting, storage, inspection, and repair of respirators used by employees. Here with a respirator that is clean, sanitary, and in good working order; Densure that exet them from damage, contamination, sunlight, temperature extremes, and chemicals; etcet before each use and during cleaning; Densure that excape only units must be inspected before being carried into the work-place for use.  In include: Densure that found defective, are removed from service, and are adjusted, repaired, or discarded.  In insters: Employers must ensure that any of these units used in the work-place are broval label and that the label remains legible and is not removed.  In ground the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the filter, cartridge, or canister elements.  In the respirator of the tax sufficient equipment and supplies and suppli
■ After training, employees must demo limitations; ④ Procedures for inspect that may limit or prevent the effective Respirator Program Evaluation: Employers fulfilled; and, ② Workers are using respirate Employers must regularly consult we Factors to be evaluated include: progrespirator use for the conditions worked.	nstrate: ① Knowledge of the need for respirators; ② Results of improper fit; ③ Capacities and tion, maintenance, storage, and emergencies; ⑤ The ability to recognize medical signs and symptoms use of respirators; and, ⑥ Knowledge of the general requirements of the respirator standard. s must conduct evaluations of their work-places to ensure: ① The written "Program" is being properly
(confidential), fit testing, and the <i>Respiratory</i> Conclusion: Breathing protection is a prima	w Protection Program.  ary component of everyone's personal protective equipment and is crucial to the azardous atmospheres. Take care of your respirator and it will take care of you!  Work Site Review
Work-Site Hazards and Safety Suggestions:	
Personnel Safety Violations:	
Employee Signatures:	(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness.)