



J&J; LINE SERVICES

POWERLINE UTILITY — TAILBOARD / JOB BRIEFING

"No weapon formed against us shall prosper." — Isaiah 54:17
 Veteran Owned | Yorkville, IL

1 | JOB INFORMATION

Date: _____ Job #: _____ Foreman: _____
 Customer / Utility: _____ Work Order #: _____
 Job Location / Address: _____

Weather Conditions: _____ Temp (°F): _____ Wind Speed: _____

2 | SCOPE OF WORK — Describe Today's Tasks

: _____

3 | HAZARDS IDENTIFIED

<input type="checkbox"/> Energized Lines	<input type="checkbox"/> High Voltage (>600V)	<input type="checkbox"/> Induced Voltage
<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Aerial Lift / Bucket Truck	<input type="checkbox"/> Pole Climbing
<input type="checkbox"/> Excavation / Digging	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Traffic / Roadway
<input type="checkbox"/> Pedestrians	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> High Wind
<input type="checkbox"/> Ice / Snow	<input type="checkbox"/> Extreme Heat	<input type="checkbox"/> Chemical / Fuel Hazards
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Pinch / Crush Points	<input type="checkbox"/> Other: _____

4 | PPE REQUIRED

<input type="checkbox"/> Class E Hard Hat	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hi-Vis Vest
<input type="checkbox"/> FR Clothing	<input type="checkbox"/> Leather Work Gloves	<input type="checkbox"/> Rubber Insul. Gloves
<input type="checkbox"/> Rubber Sleeves	<input type="checkbox"/> Steel-Toe Boots	<input type="checkbox"/> Fall Harness / Lanyard
<input type="checkbox"/> Arc Flash PPE	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hearing Protection

5 | MINIMUM APPROACH DISTANCES (MAD) — Reference Only

Voltage Range	Restricted Approach	Limited Approach
Up to 750V	1 ft 0 in	2 ft 2 in
751V – 15kV	2 ft 2 in	5 ft 3 in
15.1kV – 36kV	2 ft 7 in	6 ft 0 in
36.1kV – 46kV	2 ft 9 in	6 ft 0 in
46.1kV – 72.5kV	3 ft 3 in	6 ft 0 in
72.6kV – 121kV	3 ft 9 in	8 ft 0 in

6 | EQUIPMENT IN USE

<input type="checkbox"/> Digger Derrick	<input type="checkbox"/> Bucket Truck / Aerial Lift	<input type="checkbox"/> Excavator
<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Cable Puller / Tensioner	<input type="checkbox"/> Wire Stringing Equip.
<input type="checkbox"/> Man Lift / Boom Lift	<input type="checkbox"/> Pickup / Service Truck	<input type="checkbox"/> Generator
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

7 | EMERGENCY INFORMATION

Nearest Hospital: _____ Hospital Address: _____
 Emergency Contact: _____ Utility Emergency #: _____ 811 Ticket #: _____

811 / JULIE Called? ■ YES ■ NO ■ N/A:

Job Site Address for 911 Dispatch: _____

8 | ■ PRE-JOB CHECKLIST

#	Item	YES	NO
1	All crew briefed on today's hazards?	■	■
2	PPE inspected and worn by all crew?	■	■
3	LOTO / Grounding plan discussed?	■	■
4	Minimum Approach Distances communicated?	■	■
5	Traffic control in place (if applicable)?	■	■
6	811 / Locates confirmed on-site?	■	■
7	Equipment pre-trip inspections complete?	■	■
8	First aid kit confirmed in vehicle?	■	■
9	Emergency plan and muster point reviewed?	■	■
10	Stop Work Authority discussed with crew?	■	■

9 | 📄 CREW ACKNOWLEDGMENT

By signing below, all crew members confirm they have been briefed on today's hazards, understand the scope of work, and are committed to working safely.

#	Printed Name	Role	Signature	Time
1				
2				
3				
4				
5				
6				
7				