



J&J LINE SERVICES

TELECOMMUNICATIONS UTILITY TAILBOARD

Utility Construction · Veteran Owned · Isaiah 54:17



EMERGENCY: 911

OSHA: 1-800-321-OSHA

Poison Control: 1-800-222-1222

811 — CALL BEFORE YOU DIG

1 - JOB INFORMATION

Date:	Job #:	Permit #:	Customer / Client:	PO #:
Work Order #:	Job Location / Address:	City / State:	Zip:	
Foreman / Crew Leader:	Supervisor:	Phone:	Start Time:	End Time:
Nearest Hospital:	Hospital Address:	Distance:		

2 - SCOPE OF WORK

<input type="checkbox"/> Aerial Fiber / Cable Placement	<input type="checkbox"/> Underground Conduit / Directional Boring	<input type="checkbox"/> Splicing / Termination
<input type="checkbox"/> Equipment Installation / Rack & Stack	<input type="checkbox"/> Pole Setting / Guying	<input type="checkbox"/> Make-Ready / Transfer
<input type="checkbox"/> Strand / Lashing	<input type="checkbox"/> Service Drop / MDU	<input type="checkbox"/> Testing & Commissioning
<input type="checkbox"/> Removal / Demolition	<input type="checkbox"/> OTDR / Fiber Testing	<input type="checkbox"/> Other (describe below):
Additional Description / Notes:		

3 - HAZARD IDENTIFICATION

<input type="checkbox"/> Electrical / Energized Lines	<input type="checkbox"/> Slips / Trips / Falls
<input type="checkbox"/> Traffic / Roadway Exposure	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Aerial / Heights (>4 ft)	<input type="checkbox"/> Chemical / Solvent Exposure
<input type="checkbox"/> Underground Utilities Present	<input type="checkbox"/> Extreme Weather / Heat / Cold
<input type="checkbox"/> Hand / Power Tool Use	<input type="checkbox"/> Strains / Ergonomic Risk
<input type="checkbox"/> Fiber Optic Shards / Eye Hazard	<input type="checkbox"/> Other:
Hazard Controls / Mitigation Measures:	

4 - PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIRED

<input type="checkbox"/> Hard Hat (Class E)	<input type="checkbox"/> Safety-Toe Boots	<input type="checkbox"/> Safety Glasses / Goggles
<input type="checkbox"/> Hi-Vis Vest (ANSI Class 2/3)	<input type="checkbox"/> Gloves (Rubber Insulating)	<input type="checkbox"/> Gloves (Leather / Cut-Resistant)
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fall Protection / Harness	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Respirator / Dust Mask	<input type="checkbox"/> Knee Pads	<input type="checkbox"/> Other PPE:

5 - EQUIPMENT & VEHICLE PRE-USE INSPECTION

Equipment / Vehicle	ID / Unit #	Inspected?	Operator

6 - PERMITS & COMPLIANCE CHECKLIST

<input type="checkbox"/> 811 Utility Locate Completed	Dig ticket # on file
<input type="checkbox"/> Traffic Control Plan in Place	Flagging / Barricades deployed
<input type="checkbox"/> Confined Space Permit	Permit number on site
<input type="checkbox"/> Energized Work Permit	Reviewed with crew
<input type="checkbox"/> Hot Work Permit	Permit number on site
<input type="checkbox"/> Fall Protection Plan Reviewed	Rescue plan communicated

7 - CREW SIGN-IN / ACKNOWLEDGMENT

By signing below, each crew member confirms they understand the hazards, controls, and scope of work discussed in this briefing.

#	Crew Member Name (Print)	Role / Trade	Signature	Time In	Time Out
1					
2					
3					
4					
5					
6					
7					
8					

8 - FOREMAN CERTIFICATION

I certify that this tailboard briefing was conducted, all identified hazards were reviewed with the crew, appropriate PPE and controls are in place, and all crew members listed above fully understand the scope of work and safety requirements for this job.

Foreman Signature: _____

Printed Name: _____

Date: _____

Time: _____