



GBCA SAFETY TOOLBOX TALK

LINE OF FIRE

Workers often forget about where they are positioned when doing a task on the jobsite. This could put them in the way of others that are working, or worse yet, in the “line of fire,” a direct line of something that could trap, pinch, or crush them.

Avoid being in the line of fire by looking around and checking your surroundings. Make sure that you will be safe for the entire time it takes to do the task. Communicate with others on the site before setting up your job so that people know where you will be working.

ASK THE FOLLOWING QUESTIONS:

- Are you setting up where others are in the area? If yes, are they in your way, or are you in their way.
- Is there work going on above you? If yes, is there adequate overhead protection?
- Can you work in a different location that is safer for your task (i.e. away from other activities on the jobsite)?
- Does the area need to be barricaded so that others don't walk through your workspace?
- Could you put a shield up to stop sparks, tools, or materials from striking another person in the area?
- Are you setting up where you could be in the line of fire of someone else, of some construction equipment, or of a vehicle?

KEEP THE FOLLOWING IN MIND:

- Be aware of work going on nearby: just around the corner, behind a wall, above you, or below you.
- If you are using a tool such as a nail gun, drill, or anything that could possibly go through the wall or panel, always check to make sure there is no personnel on the other side.
- Never position yourself between any moving equipment and a fixed object.
- Take the time to look around and set up your job safely to avoid injury.
- Stay alert while working, as the situation around you can change as you perform your task.
- Check your workspace situation when you return from a break, lunch, or any time you leave the area before restarting your task. Make sure that your work area has not changed.



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TOOLBOX TALK TOPIC:

EMPLOYER: _____ PROJECT: _____

PRESENTER: _____ DATE: _____

NAME (PRINTED)	SIGNATURE	COMPANY (IF APPLICABLE)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
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18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

NOTES AND QUESTIONS:

<p>PRESENTER SIGNATURE (TO VERIFY ABOVE INFO):</p>
