



JOB SAFETY BRIEFING

State Form 54754 (7-11)
INDIANA DEPARTMENT OF TRANSPORTATION

Working safely is a responsibility and condition of employment for all Indiana Department of Transportation (INDOT) employees. The enforcement of safe work practices and ensuring a safe work environment is a leadership responsibility. The Supervisor in charge of a job shall brief crew members and the following guidelines, at minimum, shall be met. The original completed Job Safety Briefing form shall be maintained at the appropriate management facility. A copy of the completed Job Safety Briefing form shall accompany the work crew performing the work activities at the job.

Date (month, day, year)	Time	Work Activity and Code	
District	Sub-District	Unit	Job Location

Roadside or Roadway Maintenance Work Review

All employees working roadside and/or in the roadway shall wear, at minimum, protective footwear and high visibility ANSI Class III Safety apparel in accordance with the INDOT Employee Safety Manual.

Type of Road (Check all that apply):

☐ Two Lane ☐ Multiple Lane (Non-Interstate) ☐ Multiple Lane (Interstate) ☐ Shoulder Work

☐ Involves Lane Closure ☐ Other (See Additional Safety Precautions, Hazards, and/or Comments section.)

(Lane closure is required if lane width restriction is <10 feet. If lane closure is required, follow interstate lane closure policy.)

Road Characteristics/Features (Check all that apply): ☐ Curvy ☐ Hilly ☐ Urban ☐ Rural

☐ Other (See Additional Safety Precautions, Hazards, and/or Comments section.)

☐ Special Zone/Area: _____
(List the Special Zone/Area such as a school, hospital, loading/unloading, park, manufacturing facility.)

Speed Limit(s): ☐ ≤25 mph ☐ 30 mph ☐ 35 mph ☐ 45 mph ☐ 50 mph ☐ 55 mph ☐ 60 mph
☐ 65 mph ☐ 70 mph

Time Duration of Work: ☐ Short Term ☐ Short Duration ☐ Mobile

☐ Work Zone Set up in accordance with Work Zone Traffic Control Handbook pages: _____

Is flagging activities required for the job? ☐ Yes ☐ No

Communications and Flagging Requirements:

(Detail flagging communication methods and equipment to be utilized for the work activity. Additionally, flagging requirements shall be described in detail during the briefing.)

Is a Ground Guide required for this job? ☐ Yes ☐ No

If yes, who is the employee responsible for being the Ground Guide? _____

☐ Weather Conditions: _____
(Detail weather conditions for the day the crew may be exposed to while at the job.)

Work Activities and Assignments

☐ All employees at the job site shall understand their work assignments for the job and all employees are trained to safely perform their work activities.

List each employee name, work assignment and work activity participating in the job. Each employee shall initial by their name acknowledging their understanding of the job briefing, their work assignment and their work activity for the assigned work activity.

Employee Name:	Work Assignment:	Work Activity for applicable Work Assignment:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employees are required to have the following personal protective equipment (ppe) to safely perform their assigned work activities:

- | | | | | |
|---------------------------------------|---------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Soft Cap | <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Eye protection | <input type="checkbox"/> Hearing protection | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Safety Vest | <input type="checkbox"/> Safety Shirt | <input type="checkbox"/> Protective footwear | <input type="checkbox"/> Chainsaw Chaps | <input type="checkbox"/> Ivy Block |
| <input type="checkbox"/> Other: _____ | | | | |

Emergency kit type at the work site:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Standard First Aid Kit | <input type="checkbox"/> Logging First Aid Kit | <input type="checkbox"/> Other: _____ |
|---|--|---------------------------------------|

Additional Safety Precautions, Hazards, and/or Comments

Signature of the Supervisor providing the Job Safety Briefing

Date (*month, day, year*)

Printed Name of the Supervisor providing the Job Safety Briefing

Signature of the Supervisor verifying the Job Safety Briefing was successfully performed

Date (*month, day, year*)

Printed Name of Supervisor verifying the Job Safety Briefing was successfully performed