Survey Safety Briefing
Indiana Department of Transportation

Working safely is a condition of employment for ALL INDOT employees. Ensuring safe work practices and work environment is a team effort. Supervisory personnel SHALL conduct a Safety Briefing at beginning of each day and or prior to all work activities. The following shall be discussed at a minimum, and retained for a period of three (3) years.

All employees engaged in operations upon or adjacent to a highway or in a maintenance/construction area shall wear protective footwear, headwear and high visibility ANSI Class III Safety Apparel in accordance with the INDOT Safety Manual.

Date: Time: Type of Survey:
District: Sub-District of Survey: Geographic Job Location:

<table>
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<tr>
<th>Equipment Checks</th>
<th>Special Personnel Protective Equipment (PPE)</th>
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<td></td>
<td>□ Job Required Equipment Check</td>
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<td>□ Insect Repellant, Sun Block, Poison Ivy Block/Wash</td>
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<td>□ Communication Equipment Check</td>
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<td>□ Vehicle Daily Check</td>
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<td>□ Traffic Control Devices (If Needed)</td>
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□ Survey will require Traffic Control
If Traffic Control is required, is assistance needed from the above listed Sub District? □ Yes

(Note: If Traffic Control Assistance is required, Traffic Control Plan Shall be completed on the Maintenance Job Safety Briefing by Maintenance Crew and a copy attached to this document.)

Type of Road:

□ N/A □ Posted Speed Limit(s)
□ Two Lane □ Multiple Lane (Non-Interstate)
□ Multiple Lane (Interstate)
□ Shoulder Work (Definition: ≥ 8° of improved lane)

Road Characteristics/Features:

□ Curvy □ Hilly □ Urban □ Rural
□ Lane Closure Required; (Lane closure is required if lane width restriction is <10 feet and if on the interstate, Interstate Lane Closure Policy must be followed.)
□ Special Zone Area:
   (Zones such as Schools, Hospitals, Parks, factories, etc)

Type of Work Zone:

□ N/A □ >1 Hour Short Term □ <1 Hour Short Duration
□ Mobile □ Flagging Required
Work Zone Traffic Control Guidelines page # □ N/A

Remarks:

Special Personnel Protective Equipment (PPE)

□ Discuss and identify specialized PPE requirements
   (Brush Cutting, Working near water, etc)
□ Verified Logging Operation First Aid Kit Present
□ Other: ____________________________

Discuss Action Plans (If Needed):

□ Severe Weather □ Hunting Season
□ Communications Plan Working in Remote Isolated Areas (In case of emergencies)

Other Safety Concerns:

□ Terrain □ Insects □ Poison Plants □ Wildlife

Comments:

__________________________________________

BRIEFING ACKNOWLEDGEMENT

Print name: ____________________________ Signature: ____________________________
Print name: ____________________________ Signature: ____________________________
Print name: ____________________________ Signature: ____________________________
Print name: ____________________________ Signature: ____________________________

Supervisor’s Signature: ____________________________