

R.E.D. BOOK

Recognize

Eliminate

Discuss

NOBODY GETS HURT.

This book belongs to: _____

WHO IS RESPONSIBLE FOR SAFETY?

I AM!

Recognize Eliminate Discuss

The R.E.D. Book program is designed to eliminate unsafe acts by requiring employees to immediately identify and discuss hazards that can hurt them. By recognizing these hazards in advance our employees are less likely to commit unsafe acts.

Requirements

1. Before EVERY operation a R.E.D. Book page will be filled out. Anytime that you are unsure of how to proceed safely, it is your responsibility to STOP.
2. Additionally, if any of the following occur a R.E.D. Book page will be filled out.
 - I. Equipment Malfunction
 - II. Materials are different or wrong for installation
 - III. New crew members/assist from another crew
 - IV. Use of unfamiliar tools or equipment
 - V. Anytime that a recognized change in conditions occurs in the operation
 - VI. Any change from the way the operation was originally planned
 - VII. An abandoned container is discovered
3. R.E.D. Book is in the immediate possession of crew members and available to the supervisor

**Safety is an attitude, commitment and core
value.**

Safety is our Responsibility.

Who is responsible for Safety?

I AM!

Date/Time: _____ Task: _____

Weather: _____

Planned Steps (list):

Tools and Equipment Needed (list):

My Top Hazard(s) Today (list):

What can hurt me (check all that apply)

<input type="checkbox"/> Motor Vehicle Incident/Crash	<input type="checkbox"/> Traffic
<input type="checkbox"/> Strains/Sprains	<input type="checkbox"/> Cuts/Abrasions
<input type="checkbox"/> Physical Agents (Heat/Cold, Noise)	<input type="checkbox"/> Working Around Water
<input type="checkbox"/> Working with Chemicals	<input type="checkbox"/> Exposed Utilities (Above/Below Ground)
<input type="checkbox"/> Repetitive Work Activities	<input type="checkbox"/> Falls from Height
<input type="checkbox"/> Moving Heavy Equipment	<input type="checkbox"/> Moving Parts on Equipment (PTO)
<input type="checkbox"/> Backing Up	<input type="checkbox"/> Infectious Agents (Insects, Vegetation, BBP)
<input type="checkbox"/> Uneven Terrain/Work Surfaces	<input type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Hot Equipment/Material	<input type="checkbox"/> Energized Equipment
<input type="checkbox"/> Trench/Excavation	<input type="checkbox"/> Heavy Lifting
<input type="checkbox"/> Particles in Eye (debris or liquid)	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Tension (cable & chains, felling)	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Additional Hazards _____	<input type="checkbox"/> Additional Hazards _____

What am I going to do about it (check all that apply)

<input type="checkbox"/> Drive Defensively/Attentive	<input type="checkbox"/> Discuss Work Activity with Team/Crew
<input type="checkbox"/> Keep Work Area Clean	<input type="checkbox"/> 3 Points of Contact
<input type="checkbox"/> Lift & Carry Properly	<input type="checkbox"/> Keep Guards in Place
<input type="checkbox"/> Trench Box/Sloping/Shoring	<input type="checkbox"/> Secure Equipment
<input type="checkbox"/> Job Task Rotation	<input type="checkbox"/> Ask for Assistance
<input type="checkbox"/> Stretch Prior to Work - MnSTEP	<input type="checkbox"/> Lock Out Tag Out
<input type="checkbox"/> Review Safety Data Sheet	<input type="checkbox"/> Use Air Monitoring Meter
<input type="checkbox"/> Dress Appropriately for Job Task	<input type="checkbox"/> Eye Contact with Operator
<input type="checkbox"/> Review Operators Manual	<input type="checkbox"/> Practice Good Ergonomics
<input type="checkbox"/> Get Out and Look (GOAL) Spotter	<input type="checkbox"/> Use Lifting Device
<input type="checkbox"/> Review Written Directive/Program	<input type="checkbox"/> Situational Awareness
<input type="checkbox"/> Contact Supervisor	<input type="checkbox"/> Proper Labeling
<input type="checkbox"/> Additional Precautions _____	<input type="checkbox"/> Additional Precautions _____

☐ Hi Vis Cap ☐ Hard Hat ☐ Hi Vis Vest ☐ Hi Vis Pants ☐ Seatbelt
☐ Glasses ☐ Goggles ☐ Gloves ☐ Respiratory Protection
☐ Faceshield ☐ Hearing Protection ☐ Life Jacket ☐ Safety Footwear

ROADWAY:	FIELD MANUAL LAYOUT #:	WEATHER:
TYPE OF OPERATION:		LOCATION OF JOB:
Special Layout/Precaution explained:		

[illegible]

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The background is a clean, solid white color.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for handwriting practice or general note-taking. The margins are consistent on all sides.



DEPARTMENT OF
TRANSPORTATION

MnDOT CREED

**NO JOB IS SO IMPORTANT
IN MAINTENANCE OR
CONSTRUCTION, AND NO
SERVICE SO URGENT,
THAT WE CAN NOT TAKE
TIME TO PERFORM OUR
WORK SAFELY.**