Olameter Meter Change – WELL Sheet

Date:		Job:		:			
Observation team member:				Signature:			
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Location of Work:	**Yes**	**No**	**N/A**
1.	Daily Tailboard has been completed by personnel/Contractor and made aware of the hazards associated with meter changing			
2.	All personnel / contractors are wearing all mandatory PPE (Hard Hat, Steel Toe boots, Rubber gloves, Safety Glasses, Face Shield) and PPE is in good condition			
3.	Worker is utilizing the proper meter pulling tool, and the tool is in good condition			
4.	Is the Worker wearing Fire Resistant/Arc rated clothing?			
5.	Is the worker using their 0 rated rubber gloves with protective cover during meter changes.			
6.	Are employees storing their 0 rated rubber gloves in their protective bags between meter changes?			
7.	Did the worker perform a successful air test with their rubber gloves? Demonstrate if needed.			
8.	Does the worker have access to specialized PPE: Bully stick for dogs and Ice Cleats			
9.	Is the worker familiar with the violence prevention code of practice and how to respond to threats and/or acts of violence			
10.	Has the worker completed a 360 degree circle check of their car?			
11.	Has the worker backed their vehicle into the driveway/parking spot as per NB Power requirements?			
12.	Is the back-up alarm working on the vehicle?			
13.	While parked on the side of the road, is the employee using traffic cones and/or amber lights?			
14.	Is the worker using good ergonomic form while lifting boxes of meters?			
15.	Is the work area around the meter free and clear of hazards (10 feet around meter base)?			
16.	Did worker wear PPE from seal removal up until re-sealing the meter?			
17.	Was the new meter installed correctly and work site returned to normal state including housekeeping?			
18.	Any issues with handheld devices?			
	NOTE: *Consult with Total Health & Safety (Safety Specialist) and/or other SME(s) as necessary to verify these criteria.*			

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Comments: