Safe use of pneumatic nailing and stapling equipment

- Permit only trained and experienced workers to operate pneumatic nailing and stapling tools.
- Wear proper eye and hearing protection.
- Make sure the tool is maintained in safe operating condition.
- Inspect the tool before connecting to the air supply.
  - Check safety mechanisms if applicable.
  - Ensure the screws and cylinder caps are securely tightened.
  - Make sure the air pressure is as specified by the manufacturer of the tool.
- Before using, check that the tool is properly connected to the air supply and is in working order, with the safety mechanism operable.
- Do not operate the tool at air pressures above the manufacturer’s specifications.
- Always handle the tool as if it contains fasteners.
- Always use a work-contacting element that limits the contact area to one as small as practicable.
- Make sure the mechanical linkage between the work-contacting element and the trigger is enclosed.
- Disconnect the tool from the air supply and exhaust all air from the tool by squeezing the trigger when
  - Not in use, or
  - Cleaning or adjusting, or
  - Clearing a blockage
- Use only fasteners recommended by the manufacturer of the tool, and follow the manufacturer’s instructions when reloading.
- Do not point the tool at yourself or any other person.
- Do not squeeze the trigger unless the nosepiece of the tool is directed at a safe work surface.
- Do not transport or load the tool with your finger on the trigger.
- Do not secure the trigger in the ON position.
- Do not overreach when using the tool.
- Ensure you have the right amount of air pressure for the size and type of nail you are using. **Caution:** Too much pressure can cause a nail to go right through the material and could cause serious injury to other workers.
- Follow the manufacturer’s safe operating procedures when using nailers powered by butane.
Project: __________________________  Address: __________________________

Employer: ________________________  Supervisor: ________________________

Date: ______________  Time: __________  Shift: __________________________

Number in crew: ______________  Number attending: ______________________

Other safety issues or suggestions made by crew members:

________________________________________________________________________________________
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Record of those attending:

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Manager's remarks: _____________________________________________________________

______________________________________________________  __________________________
Manager: __________________________  Supervisor: __________________________

(signature)  (signature)