

PRE-TASK PLAN

Section 9 WORK STEPS FOR THIS TASK		Section 10 HAZARDS ASSOCIATED WITH WORK STEPS		Section 11 HOW CAN THE HAZARD BE ELIMINATED/CONTROLLED?	
Step 1	INSPECT EQUIPMENT, LADDERS, AND TOOLS	1	UNEVEN GROUND, DAMAGED EQUIPMENT, INSECT STINGS	1	MOVE SLOW TO PREVENT TRIPS, BE AWARE OF HAND PLACEMENT, REMOVE DAMAGED EQUIPMENT FROM SERVICE
Step 2		2		2	
Step 3		3		3	
Step 4		4		4	
Step 5		5		5	
Step 6		6		6	
Step 7		7		7	
Step 8		8		8	
Section 12 CREW ACKNOWLEDGEMENT I am aware of the hazards associated with this task. I acknowledge that I have the authority and obligation to STOP WORK for any unsafe act or condition observed. (Everyone in the crew must sign)			Section 13 WORKER CERTIFICATIONS AND QUALIFICATIONS List all certifications and qualifications that apply to this task. (EX: Operator, Rigger, Welder, etc...)		
Print Name Below:		Signature next to name:			
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

PRE-TASK PLAN

COMPANY: _____	Date: / /	Time: : am pm
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Section 1	
Task Description _____	Prepared by (print) _____
Work Area Location _____	Crew Supervisor (print) _____
Weather/Site Conditions _____	MSDS Reviewed _____

Section 2 SPECIFIC TOOLS REQUIRED FOR TASK	
Hand Tools _____	_____
Gas Powered Tools _____	_____
Air Powered Tools _____	_____
Electrical Powered Tools _____	_____
Hydraulic Powered Tools _____	_____
Powder-Actuated Tools _____	_____
Manual Hoist Equip. _____	_____
Ladders _____	_____
Other _____	_____

Section 3 CONSTRUCTION EQUIPMENT	
<input type="checkbox"/> SCISSOR LIFT	<input type="checkbox"/> None
<input type="checkbox"/> MANLIFT	
<input type="checkbox"/> FORKLIFT	
<input type="checkbox"/> SKID STEER	
<input type="checkbox"/> EXCAVATOR	
<input type="checkbox"/> SPECIALTY EQUIPMENT (LIST ALL OTHERS BELOW)	

All heavy equipment operators should have a copy of their certification on site	

Section 4 ADDITIONAL PPE REQUIRED	
(AT MINIMUM - HARDHAT, SAFETY GLASSES, WORK BOOTS)	
YES / NO	
<input type="checkbox"/> <input type="checkbox"/> FALL PROTECTION (100% Tie-off)	
<input type="checkbox"/> <input type="checkbox"/> GLOVES FIT FOR TASK	
<input type="checkbox"/> <input type="checkbox"/> DUST MASK	
<input type="checkbox"/> <input type="checkbox"/> FACESHIELD	
<input type="checkbox"/> <input type="checkbox"/> LONGSLEEVES	
<input type="checkbox"/> <input type="checkbox"/> HEARING PROTECTION	
<input type="checkbox"/> <input type="checkbox"/> HI-VIS SAFETY VEST	
<input type="checkbox"/> <input type="checkbox"/> OTHER _____	

Section 5 HAZARDOUS WORK ACTIVITIES	
YES / NO	
<input type="checkbox"/> <input type="checkbox"/> HOT WORK (WELDING,CUTTING,GRINDING)	
<input type="checkbox"/> <input type="checkbox"/> ACTIVITIES IN TRAFFIC AREA	
<input type="checkbox"/> <input type="checkbox"/> WORKING ON / NEAR SCAFFOLDS	
<input type="checkbox"/> <input type="checkbox"/> EXCAVATION	
<input type="checkbox"/> <input type="checkbox"/> LIFTING WITH EQUIPMENT	
<input type="checkbox"/> <input type="checkbox"/> WORKING NEAR OVERHEAD POWERLINES	
<input type="checkbox"/> <input type="checkbox"/> CONCRETE CUTTING	
<input type="checkbox"/> <input type="checkbox"/> CONFINED SPACE	
<input type="checkbox"/> <input type="checkbox"/> LOCK OUT / TAG OUT	

Section 6 EMPLOYEE COMMENTS AND RECOMMENDATIONS	

Section 7 NOTED CHANGES THAT OCCURRED	
(Minor changes should be noted during course and scope of task and significant changes require new pre-task)	
What changes occurred? _____	
<input type="checkbox"/> None _____	
Was work stopped for an unsafe act or condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Corrected? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 8 REVIEW		
Reviewed by _____	Signature _____	Date and Time _____