



|                      |          |
|----------------------|----------|
| <b>Project Name:</b> |          |
| <b>Job Number:</b>   |          |
| Job                  |          |
| Address:             |          |
| Job Phone:           | Job Fax: |

## PRE-TASK PLAN

|   |                 |                   |
|---|-----------------|-------------------|
| Company Name:   | Author/Planner: | Location of Work: |
| Task to be accomplished:  |                 |                   |
| Start Date/Time:  | End Date/Time:  | Crew Size:        |
| Housekeeping Plan (Trash removal, Clean up, responsible person, frequency): |                 |                   |
| Material Storage & Handling Plan (Deliveries, Laydown, Equipment):          |                 |                   |
| Access & Hoisting Plan (Personnel & Materials):                             |                 |                   |

**Please consider the work to be performed and check 'Yes' or 'No' (attach additional information as needed):**

|   |  |
|---|--|
| <p>1 Does every crew member know how to use assigned tools &amp; equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 Does this work require special training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Do you need additional or special personnel to complete this task? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 Do you need additional or special materials and tools to do the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5 Do you need to review an MSDS to proceed with this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6 Is there adequate lighting and access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7 Will weather conditions affect the safety or quality of this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8 Does this task require shutdown of systems or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9 Is there any potential to impact existing Owner or Construction activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Are there occupied spaces adjacent or below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11 Have shop drawings, contract drawings, and as-builts been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12 Will there be any discharge of fluids? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13 Do other subs need to be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14 Does this task require any special permits/procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15 Employees are assigned a "buddy"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16 Crew knows location of fire extinguishers, eye washes, phones? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17 Work involves awkward positions, heavy or repetitive lifting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

**Check if any of the following apply (attach additional information as needed):**

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| <input type="checkbox"/> Public Interface | <input type="checkbox"/> Confined Space    | <input type="checkbox"/> Electrical Hazards | <input type="checkbox"/> Critical Lift Plan | <input type="checkbox"/> Fall Protection PPE | <input type="checkbox"/> Respirator PPE |
| <input type="checkbox"/> Traffic Control  | <input type="checkbox"/> Chemical Exposure | <input type="checkbox"/> Lock-Out/Tag-Out   | <input type="checkbox"/> MSDS/HazCom        | <input type="checkbox"/> Hand/Arm PPE        | <input type="checkbox"/> Hearing PPE    |
| <input type="checkbox"/> Barricades/Signs | <input type="checkbox"/> Ventilation       | <input type="checkbox"/> Open Flame Welding | <input type="checkbox"/> _____              | <input type="checkbox"/> Full Body PPE       | <input type="checkbox"/> Eye/Face PPE   |

| Construction Activity (In Sequence) | Hazards Identified | Preparation |
|-------------------------------------|--------------------|-------------|
|                                     |                    |             |
|                                     |                    |             |
|                                     |                    |             |
|                                     |                    |             |
|                                     |                    |             |

**(NOTE: Attach supplemental information as needed) This is Page 1 of \_\_\_\_.**

The tasks have been reviewed in the work area where they will be performed and this plan has been reviewed with the workers on this crew.

Foreman Signature: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Phone/Pager: \_\_\_\_\_

**Crew Sign In:**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

***IF WORK CONDITIONS CHANGE, WORK MUST STOP AND A NEW PLAN MUST BE PREPARED.***