

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):

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

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.