

## Pre-Task Planning

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Controlling Contractor:** \_\_\_\_\_

**Weather Conditions:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### Daily Activities and Goals (Safety, Quality, Production)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Hazards

<input type="checkbox"/> Fall Hazard	<input type="checkbox"/> Dropped objects	<input type="checkbox"/> Noise
<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Hot/Cold surfaces	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Flammables	<input type="checkbox"/> Airborne Particulates	<input type="checkbox"/> Sharp objects
<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Fires/Burns
<input type="checkbox"/> Other Trades	<input type="checkbox"/> Ingestion/Inhalation	<input type="checkbox"/> Heat/Cold stress
<input type="checkbox"/> Weather	<input type="checkbox"/> Slip/Trips/Falls	<input type="checkbox"/> Other -
<input type="checkbox"/> Heavy Lifting	<input type="checkbox"/> Inadequate Lighting	

#### PPE Required:

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Welding protection - (i.e. Leathers etc.)
<input type="checkbox"/> Work Gloves	<input type="checkbox"/> Fall Protection - Inspect before use
<input type="checkbox"/> Safety Toed Boots	<input type="checkbox"/> Respirator - If yes impliment policy
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> High Vis Workwear
<input type="checkbox"/> Other (specify) -	

#### Check And Review

<input type="checkbox"/> Work Area - Barricade in place	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Fall Protection Equip.	<input type="checkbox"/> Ladders
<input type="checkbox"/> Equipment- Specific Inspections	<input type="checkbox"/> Rigging - Before each use

#### Permits Required

<input type="checkbox"/> Lock Out / Tag Out	<input type="checkbox"/> Critical Lift - <b>If yes attach permit</b>
<input type="checkbox"/> Hot Work - <b>Attach permit.</b>	<input type="checkbox"/> Confined Space - <b>If Yes Impliment Policy</b>



List Tasks	Recognized Hazards	Corrective Procedure
Rescue Personnel	Rescue Equipment	Rescue Plan/Procedure

**By signing below I acknowledge that I participated in this job safety analysis  
I understand the work I am going to complete and I am reporting to location injury free**

Signature:	

**Daily Notes:** (Any Safety hazards or problems with jobsite that affected work)

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