Date: ____/____/______ Jobsite: ____________________________________________ Weather Condition: ______________________________________________

Temperature: ______________________________________________________

Description of Activity: _____________________________________________ Specific Location of Task: __________________________ Number of workers for this task: ____

Competent Person (If required): _____________________________________ Developed By: _________________________________________________

Supervisor: ________________________________________________________ Supervisor/Foreman Signature: _________________

EVALUATING YOUR WORK AREA (Circle Yes or No)

• Are ground conditions adequate for construction activities? Yes No

• Are you working around power lines? Yes No

• Does this task require special training? Yes No

• Is an SDS review necessary for this task? Yes No

• Is air monitoring required? Yes No

• Are any permits required for this task? Yes No; if yes, are they filled out? Yes No

• Are you familiar with evacuations routes? Yes No

• Have all tools/equipment been inspected prior to use? Yes No

• If tools/equipment found damaged, did you tag them out and remove from site? Yes No

• Has this task been coordinated with other trades (if applicable)? Yes No

Do you have the PPE needed for this task? Yes No

Are the required materials and tools provided? Yes No

Are fire extinguishers nearby and fully charged? Yes No

Does this task involved confined space? Yes No

Is there a safety issue that has not been addressed? Yes No

Provide Description for all “No” answers in box below (Use Separate Sheet if Needed):

POTENTIAL HAZARD CHECKLIST (place an “X” if applicable)

• Pinch points ___ Inadequate Access ___ Hazardous Chemicals ___ Falls from Elevation ___

• Thermal burns ___ High Noise Levels ___ Heat Exhaustion/Stress ___ Confined Spaces ___

• Particles in Eyes ___ Falling Objects ___ Sharp Objects/ Tools ___ Critical Lift ___

• Elevated Work ___ Manual Lifting ___ Excavations ___ Fire/Hot Work ___

• Housekeeping ___ Chemical Spill ___ Lockout/Tagout ___ Scaffolding ___

• Chemical Burns ___ Ladders ___ Rigging ___ Power Tools ___

• Crushing/Cave-In ___ Electrical ___ Slip/Trip ___ New Workers to Site___

• Deliveries ___ Wall/Floor Openings ___ Utilities ___ Air Quality___

• Others (please describe): __________________________________________

List of PPE that’s required:

Hard Hat ___ Face Shield ___

Safety Glasses ___ Respirator ___

Hi-Vis Clothing / Vest ___ Fall Harness ___

Gloves ___ Welding Shield ___

Protective Clothing ___ Torch Goggles ___

Work Boots ___ Hearing ___

Other: ____________________________________________________________

NOTE: Any box in the Potential Hazard Checklist Section that is “Checked” must be addressed and mitigated in the next Section.

DESCRIPTION / STEPS OF ACTIVITY LISTED ABOVE | HAZARDS ASSOCIATED WITH EACH STEP | REQUIRED ACTIONS TO ELIMINATE OR CONTROL THE HAZARD

1. _____________________________________________________________

2. _____________________________________________________________

...
**SIGNATURES OF ALL EMPLOYEES ASSOCIATED WITH THIS TASK SHALL BE ON THIS PRE-TASK PLAN**

My signature acknowledges I attended this Pre-Task Plan meeting and was properly equipped and trained for the tasks assigned. My signature on this form attest to the fact that I was not injured on the job the previous day.

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**CLOSE OUT SECTION:** Signature of Foreman or Supervisor

Foreman/Supervisor ________________________________ Date: ___/___/___ Time: _____:____ AM / PM (Circle One)

Additional Reviewer: ________________________________ Date: ___/___/___ Time: _____:____ AM / PM (Circle One)

(If in attendance)