

# Pile Driving Contractors Association – Pre-Task Plan

**This Form Should Be Filled Out Daily For Each Activity**

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 <u>  X  </u>	Face Shield ____
Safety Glasses <u>  X  </u>	Respirator ____
Hi-Vis Clothing / Vest <u>  X  </u>	Fall Harness ____
Gloves ____	Welding Shield ____
Protective Clothing ____	Torch Goggles ____
Work Boots <u>  X  </u>	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.		

3.		
4.		

DESCRIPTION/STEPS OF ACTIVITY LISTED ABOVE	HAZARDS ASSOCIATED WITH EACH STEP	REQUIRED ACTIONS TO ELIMINATE OR CONTROL THE HAZARD
5.		
6.		
7.		
8.		
9.		

**\*IF ADDITIONAL STEPS OR SIGNATURES ARE NEEDED, USE ADDITIONAL PAPER\***

**\*\*\*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.

Print Name	Signature	Print Name	Signature

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

Foreman/Supervisor \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_ AM / PM (Circle One)

Additional Reviewer: \_\_\_\_\_

(If in attendance)

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_ AM / PM (Circle One)