|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | |
| **DAILY PRE-TASK PLAN** | | | | | | | | | | | | | |
| Company Name |  | | | | | | | | | | | DATE: |  |
| JOBSITE/LOCATION: | |  | | | | | | | | | | | |
| DESCRIPTION OF TASK: | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **PROPER TOOLS & EQUIPMENT** | | | | | | | | | | **CHECK OFF HAZARDS & ADD CONTROLS**  **AS NEEDED** | | | |
| * Do I have the PPE necessary for this task? | | | | | | | | | | * STORED ENERGY LOCKED & TAGGED | | | |
| * Do I have the right tools and equipment? | | | | | | | | | | Control: | | | |
| * Have I checked if tools/equipment are in good working condition? | | | | | | | | | | * FALL PROTECTION NEEDED | | | |
| **PPE** | | | | | | **EQUIPMENT** | | | | Control: | | | |
| * HARD HAT | | | | | | * HAND TOOLS | | | | * PINCH POINTS | | | |
| * SAFETY GLASSES/GOGGLES | | | | | | * POWER TOOLS (need GFI) | | | | Control: | | | |
| * REFLECTIVE SAFETY VEST | | | | | | * POWDER-ACTUATED TOOLS (cert req’d) | | | | * ELECTRICAL SHOCK | | | |
| * CHEMICAL GLOVES | | | | | | * PROPER RIGGING | | | | Control: | | | |
| * WORK GLOVES | | | | | | * TRUCKS, CARTS | | | | * HOUSEKEEPING | | | |
| * INSULATED GLOVES | | | | | | * MOTORIZED EQUIPMENT | | | | Control: | | | |
| * FACE SHIELD | | | | | | * TRIPOD MAN LIFT | | | | * SLIP/TRIP HAZARDS | | | |
| * HEARING/EAR PROTECTION | | | | | | * WELD/SOLDER | | | | Control: | | | |
| * BODY HARNESS | | | | | | * BARRICADES | | | | * AIRBORNE/FLYING DEBRIS | | | |
| * RESPIRATOR/DUST MASK | | | | | | * CAUTION/DANGER TAPE | | | | Control: | | | |
| * NOMEX/TYVEX SUIT | | | | | | * LADDERS (PROPER LENGTH) | | | | * THERMAL BURNS | | | |
| * VOLTAGE TESTER | | | | | | * SCAFFOLD | | | | Control: | | | |
| * Other: | | | | | | * CRANE | | | | * HEAVY EQUIPMENT LIFTING | | | |
| * Other: | | | | | | * Other: | | | | Control: | | | |
| **PLANNING** | | | | | | | | | ***Must Check Y/N*** | * SHARP OBJECTS | | | |
| Have proper SOP for drilling & floor/deck penetrations? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | Control: | | | |
| Has Client been notified? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | * AIR QUALITY/VAPORS/GAS MONITORING | | | |
| Will strong odors be generated? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | Control: | | | |
| Shutdown Supply/Exhaust fans? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | * LARGE OBJECTS (2 PERSON CARRY) | | | |
| Are HVAC intakes covered? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | Control: | | | |
| Smoke/IR/UV detectors disabled/covered? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | * OVERHEAD HAZARDS | | | |
| Does task require competent person? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | Control: | | | |
| Familiar with emergency procedures? | | | | | | | | | Y\_\_\_\_\_ N\_\_\_\_\_ | * LEAD/LEAD PAINT/ASBESTOS/ACM | | | |
| **SAFETY DATA SHEETS (SDS)** | | | | | | | | | | Control: | | | |
| * NECESARRY | | | | * AVAILABLE | | | | * REVIEWED | | * FIRE/HEAT/HOT/COLD/ABRASIVE SURFACES | | | |
| **NOTES/COMMENTS:** | | | | | | | | | | Control: | | | |
|  | | | | | | | | | | * HEARING HAZARDS/NOISE | | | |
|  | | | | | | | | | | Control: | | | |
|  | | | | | | | | | | * TEMPERATURE/WEATHER CONDITIONS | | | |
|  | | | | | | | | | | Control: | | | |
|  | | | | | | | | | | * OTHER: | | | |
|  | | | | | | | | | | Control: | | | |
|  | | | | | | | | | |  | | | |
| **HIGH RISK WORK AND/OR PERMITS** | | | | | | | | | | **EMERGENCY EQUIPMENT** | | | |
| * SOP REVIEWED | | | | | * ELEVATED WORK OVER 6 FT. | | | | | * EVACUATION ROUTE/PLAN | | | |
| * HOT WORK/BURN PERMIT | | | | | * LOCK OUT/TAG OUT | | | | | * FIRST AID KIT | | | |
| * HARD DEMO | | | | | * DIAGRAM | | | | | * FIRE EXTINGUISHER | | | |
| * CRANE/RIGGING PERMIT | | | | | * OTHER: | | | | | * EYE WASH STATION | | | |
| * CONFINED SPACE PERMIT | | | | | * OTHER: | | | | | * SAFETY SHOWER | | | |
| * JHA | | | | |  | | | | | * PERMIT DISPLAYED | | | |
| * EXCAVATION | | | | |  | | | | | * OTHER: | | | |
| **INTERNAL EMERGENCY** | | | | | | |  | | | | **BUILDING ENGINEER(S)** | | |
| ( ) - | | | | | | |  | | | | ( ) - | | |

**Tenets of Operation**

1. Always operate within design and environmental limits.
2. Always operate a safe and controlled condition.
3. Always ensure safety devices are in place and functioning.
4. Always follow safe work practices and procedures.
5. Always meet or exceed client requirements.
6. Always maintain integrity of dedicated systems.
7. Always comply with all applicable rules and regulations.
8. Always address abnormal conditions.
9. Always follow written procedures for high-risk or unusual situations.
10. Always involve the right people in decisions that affect procedures, equipment, and people.

*My signature verifies that I fully understand the task(s), I have the training, knowledge, tools, and PPE required to perform this job safely.*

Print Name Signature Company Date

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_