



Date Plan Prepared	
Job Name:	
Job Number:	
Job Location:	

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.