

Pre-Task Planning Form

Prepared By: _____

Supervisor: _____

Task/Activity: _____

Project: _____

Date: _____

Location: _____

Potential Hazards Present

<input type="checkbox"/> Leading Edge	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Flying Particle/Debris	<input type="checkbox"/> Electricity
<input type="checkbox"/> Air Quality/Vapors	<input type="checkbox"/> Chemicals (Burns, Inhalation, etc.)	<input type="checkbox"/> Noise	<input type="checkbox"/> Slip & Trip
<input type="checkbox"/> Lead/Asbestos	<input type="checkbox"/> Arc Flash	<input type="checkbox"/> Struck By	<input type="checkbox"/> Respiratory Hazards

Hazard Elimination

<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Head/Eye/Face Protection	<input type="checkbox"/> Ear/Hearing Protection	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Lanyard/Harness	<input type="checkbox"/> Barricades/Rails	<input type="checkbox"/> Adequate Eyewash/Shower	<input type="checkbox"/> Restrict Area
<input type="checkbox"/> Other			

Items To Be Verified

<input type="checkbox"/> PPE Present	<input type="checkbox"/> Safety Plan Reviewed	<input type="checkbox"/> First-Aid Kit Identified	<input type="checkbox"/> First-Aid Training Provided
<input type="checkbox"/> Lockout/Tagout Required?	<input type="checkbox"/> Emergency Response Plan	<input type="checkbox"/> Safety Equipment Present	<input type="checkbox"/> Safety Guards
<input type="checkbox"/> Permitting Obtained	<input type="checkbox"/> Users/Occupants Informed	<input type="checkbox"/> SDS	<input type="checkbox"/> Supervision Present
<input type="checkbox"/> Other			

Description of procedure to perform task:

Scope of work discussed with crew members: Yes No

All known hazards have been addressed in task plan: Yes No

Conflict with other projects, trades and departments addressed?: Yes No

Proper safety equipment on site and available: Yes No

Applicable tools and materials on site and available: Yes No

Applicable permits or forms have been approved and issued: Yes No

Confined Space Hot Work Critical Lift Lockout/tagout

Other: _____ Dig

Persons responsible for actions are assigned: Yes No

Nature of work discussed with crew members: Yes No

Notes:
