

Daily Pre-Task Plan

Project Name: _____ Foreman Name: _____ Date: _____	Weather Conditions: _____ Task Description: _____ _____
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List Assigned Task or Tasks	Identify All Specific Hazards Found	How Will <u>You</u> Control the Hazards?

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperate Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environment/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of Exposure Area <input type="checkbox"/> Change of Work Methods <input type="checkbox"/> Isolation of Hazard from Worker <input type="checkbox"/> Good Work Practices <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Elimination of Hazard <input type="checkbox"/> Substitution of Hazard with Less Severe One <input type="checkbox"/> Other
Is there a potential fire, explosion, toxic hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any SDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employee Signature	Initials	Testing in Process
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Hydrostatic Test Testing Pressure _____ Test Duration _____ <input type="checkbox"/> Pneumatic Test Testing Pressure _____ Test Duration _____ <input type="checkbox"/> Lockout / Tagout (if required) Explain _____ Type of system under test: _____ Method of marking system under test: _____ _____
By initialing this document, you are stating you have completed this work day with no illness or injury.		