Daily Pre-Task Safety Plan

NATIONAL FIRE & SAFETY

Date:	Foreman Name:	Job#
Project Name:	Job Address:	
Description of Work:		
Crew Members:		

SAFETY CHECKLIST

	Yes or No
1. Are barricades or signage required to protect personnel, facilities, or equipment?	☐ ☐
2. Will work involve live systems or energized equipment?	☐ ☐
3. Is lockout/tagout of hazardous energy required?	☐ ☐
4. Will work involve exposure to falls 4 ft (non-construction) or 6 ft (construction)?	☐ ☐
5. Are ladders, scaffolds, or work platforms required to perform the task safely?	☐ ☐
6. Will powered industrial trucks/forklifts be used? (If yes, confirm inspection complete.)	☐ ☐
7. Does this task require confined-space entry?	☐ ☐
8. Does this work involve removing raised floor tiles or working under a raised floor?	☐ ☐
9. Will work involve sharp tools or materials (e.g., knives, Unistrut, sheet metal)?	☐ ☐
10. Will work involve elevated noise levels?	☐ ☐
11. Will manual lifting exceed safe limits? *(Over 25 lbs. = 2 people; over 50 lbs. = mechanical assist.)*	● ☐

PRE REQUIREMENTS

Fall Protection ☐ Foot/Toe ☐ Head ☐ Respirator ☐ Eye/Face Shield ☐
Ear Protection ☐ Hand ☐ Other _____

SPECIFIC HAZARDS & CONTROLS

Identify All Specific Hazards Not Listed Above	How Will You Control These Hazards?

END-OF-DAY SAFETY CHECK

By checking the boxes below, you confirm that you did not sustain any injuries and do not believe you may have been injured while at work today.

I was not injured today ● I was injured today ☐ Reported to Safety Hotline 833-723-8262

Employee Signature: _____ Date: _____

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