**Pre-task planning worksheet**

**Job: Location: Date:\_\_\_\_/\_\_\_\_/\_\_\_\_**

**Description of work:**

**A. Safety** *(Check all that apply. Please describe control measures on the back of the form for any safety item checked.)*

[ ]  Barricades and signage are required to protect personnel, facilities, or equipment.

[ ]  Work involves live systems or energized equipment.

[ ]  Lockout/tagout of energized systems is required.

[ ]  Work involves exposure to falls of six feet or greater.

[ ]  Ladders, personnel lifts, scaffolds, or work platforms are needed to perform the task.

[ ]  Task is adjacent to process equipment or piping containing chemicals.

[ ]  Task involves the use of chemicals.

[ ]  Chemicals have been approved for use.

[ ]  Safety data sheets have been provided to the crew.

[ ]  Containers are properly labeled (for example: contents, hazards, etc.).

[ ]  Work generates chemical waste.

[ ]  Potentially affected parties have been notified of chemical use.

[ ]  Chemicals are stored properly.

[ ]  Task requires the demolition of installed utilities or equipment.

[ ]  Weather conditions affect the safe completion of this task.

[ ]  Work involves using sharp tools or materials (for example: saws, knives, sheet metal, etc.).

[ ]  Work takes place in an area where cut hazards (sharp objects) exist.

[ ]  Work involves employee exposure to high noise levels (>85 dBA); you need to yell to be heard.

**B.** **Required personal protective equipment (PPE)** (*Check all that are required to perform the task.)*

[ ]  Fall arrest [ ]  Hearing [ ]  Head [ ]  Foot/toe [ ]  Eye [ ]  Reflective vest

[ ]  Face shield [ ]  Respirator [ ]  Other *(note on back)*

Glove type required: [ ]  Kevlar [ ]  Rubber [ ]  Leather [ ]  Cotton [ ]  Latex

[ ]  Other *(note on back)*

**C.** **Ergonomic risk factors** *(Please describe any checked items on the worksheet.)*

[ ]  Material requiring manual handling exceeds 45 lbs.

[ ]  Material handling equipment should be used to move or lift materials (for example: forklift, pallet jack, chain fall).

[ ]  Task requires periodic stretching.

[ ]  Task involves musculoskeletal risk factors checked below (please note the source of the risk on the back of this

 form):

[ ]  Forceful exertion [ ]  Shoulders [ ]  Vibration [ ]  Neck [ ]  Contact stress

[ ]  Repetitive motion [ ]  Back [ ]  Knees [ ]  Arms [ ]  Static postures

**D. Emergency equipment and exit locations** *(Note the location of the following.)*

Nearest exit

Nearest phone

Fire extinguisher

Eye wash station and shower

First aid kit

**E. Review by crew lead**

By signing below, I certify completion of the following activities:

1. Crew has walked through the work area to identify safety concerns.
2. Area is safe for working (for example: housekeeping, guarding, congestion, work surfaces, and access).
3. Work has been coordinated with others in the area.
4. All tools and equipment are safe and in good condition (includes assured grounding, slings, hand tools, etc.)
5. All necessary training for this task has been completed.
6. All new employees have become familiar with the work area.
7. Sufficient personnel have been assigned to complete this task safely.
8. Emergency exits and equipment have been identified (for example: phones, fire extinguishers, eyewashes, etc.).
9. Contingency plans have been developed for unexpected events (medical emergency and equipment failure).

 Crew lead Crew lead

 Print name Signature

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| --- | --- | --- |
| **Sequence of basic job steps** | **Risks involved in each step** | **Risk control method(s)** |
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| **Crew signatures**(By signing below, I certify that I have participated in the creation of this document.I have read and understood it, and I agree with the content. |
| **If work conditions or activities change, this task plan must be revised and reviewed by the crew.** |