

PRE-TASK PLANNING WORKSHEET

Contractor	Date & Time
Job (name/#)	Superintendent
Superintendent's Phone #	
Specific Task	

Consider These Items:		Check If Required	
1. Have you walked the job? All hazards identified?	yes/no	LOTO procedures	Fall Protection/PFAS
2. Obvious hazards noted: open trenches, overhead obstructions, live electrical lines, public exposure, etc.?	yes/no	Permit Required Confined Space	Respiratory Protection (particulate, air purifying, supplied air - specify)
3. Has work been discussed and coordinated with all crafts? When?	yes/no	Air Monitoring, Ventilation (ACH)	Hearing Protection
4. Allowance made for job congestion?	yes/no	MSDS	Traffic Control
5. All competent persons identified? List each.	yes/no	Hardhat, Safety Glasses, Other (list)	Barricades/Signage
6. Emergency procedures needed?	yes/no	Lifts: Telescopic, Articulated, Scissor	Cranes or Equipment Lifts
7. Any work at height or below ground?	yes/no	Scaffolding	Critical Lifts
8. All equipment and tools inspected?	yes/no	Trenching & Excavation	Fire extinguisher and/or Fire Watch
9. Electrical hazards controlled?	yes/no	Other (specify)	Other (specify)
10. Other (specify)	yes/no	Comments:	
Task Plan			
List Steps & Hazards	Action to Control		
1.			
2.			
3.			
4.			
5.			
6.			