

PRE-TASK PLAN



TASK: _____

PROJECT NAME: _____

DATE CREATED: _____

REVISED BY: _____

DATE REVISED: _____

BE SURE TO ASK THE FOLLOWING DURING EVALUATION OF YOUR WORK:

Will your work impact existing buildings/occupants?	Yes / No	Do Safety Data Sheets need review?	Yes / No
Will weather conditions affect the safe completion of this work?	Yes / No	Do other subs need to be involved?	Yes / No
Are enough personnel assigned to this task to complete it safely?	Yes / No	Does this task require special training?	Yes / No

CHECK IF ANY OF THE FOLLOWING REQUIRED:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Open Flame | <input type="checkbox"/> Hazard Communications | <input type="checkbox"/> Barricades/Signs | <input type="checkbox"/> Fall Protection PPE |
| <input type="checkbox"/> Eye/Face PPE | <input type="checkbox"/> Respirator | <input type="checkbox"/> Hand/Arm PPE | <input type="checkbox"/> Hearing PPE |

The tasks for today have been reviewed in the work area they will be performed and the workers on this crew have been through the required training. This plan has been communicated to all other trades in the area.

Crew Leader's Signature: _____

Foreman's Signature: _____

Crew Signatures:

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

IF WORK CONDITIONS CHANGE, WORK MUST STOP AND PLAN MUST BE UPDATED FOR CHANGING CONDITIONS

PRE-TASK PLAN



TASK: _____

Task Sequence	Related Hazards	Site Specifics	Hazard Controls