|  |  |  |
| --- | --- | --- |
| **Construction Activity (In Sequence)** | **Hazards Identified** | **Preparation** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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****

Foreman Signature: Reviwed by: Click or tap here to enter text.



Phone/Pager: Click or tap here to enter phone number or pager number.

Respirator PPE

Hearing PPE

Eye/Face PPE

Fall Protection PPE

Hand/Arm PPE

Full Body PPE

Critical Lift Plan

MSDS/HazCom

\_\_\_\_\_\_\_\_

Electrical Hazards

Lock-Out/Tag-Out

Open Flame Welding

Confined Space

Chemical Exposure

Ventilation

Public Interface

Traffic Control

Barricades/Signs

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

End Date/Time: Click or tap to enter a date.

Start Date/Time: Click or tap to enter a date.

Enter crew size here.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Company Name:

Click or tap here to enter text.

Job Name: Click or tap here to enter text.

**Date Plan Prepared**

Click or tap to enter a date.

Insert Company Logo Here:

*Template provided by HammerTech (www.HammerTech.com)\**

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***IF WORK CONDITIONS CHANGE, WORK MUST STOP AND A NEW PLAN MUST BE PREPARED.***

**Crew Sign In:**

**(NOTE: Attach supplemental information as needed) This is Page 1 of \_**Click to enter a number**\_.**

**The tasks have been reviewed in the work area where they will be performed and this plan has been reviewed with the workers on this crew.**

**Check if any of the following apply (attach additional information as needed):**

1. Work involves awkwardpositions, heavy or

repetitive lifting?

1. Crew knows location of fire extinguishers, eye

washes, phones?

1. Employees are assigned a “buddy”?
2. Does this task require any special

permits/procedures?

1. Do other subs need to be involved?
2. Will there be any discharge of fluids?
3. Have shop drawings, contract drawings, and

as-builts been reviewed?

1. Are there occupied spaces adjacent or below?
2. Is there any potential to impact existing

Owner or Construction activity

1. Does this task require shutdown of systems

or equipment?

1. Will weather conditions affect the safety or

quality of this work?

1. Is there adequate lighting and access?
2. Do you to review an MSDS to proceed

with this work?

1. Do you need additional or special materials

and tools to do the job?

1. Do you need additional or special personnel

to complete this task?

1. Does this work require special training?
2. Does every crew member know how to use

assigned tools & equipment?

**Please consider the work to be performed and check ‘Yes’ or ‘No’ (attach additional information as needed):**

Access & Hoisting Plan (Personnel & Materials):

Housekeeping Plan (Trash removal, Clean up, responsible person, frequency):

Material Storage & Handling Plan (Deliveries, Laydown, Equipment):

Crew Size:

Task to be accomplished:

Location of Work:

Author/Planner:

**PRE-TASK PLAN**

Job Number: Click or tap here to enter text.

Job Location: Click or tap here to enter text.