

Pre-Task Planning Form

Prepared By: _____ Project: _____

Supervisor: _____ Date: _____

Task/ Activity: _____ Location: _____

Potential Hazards Present

<input type="checkbox"/> Leading Edge	<input type="checkbox"/> Fire / Heat Lighting Temperature	<input type="checkbox"/> Flying Particles / Debris	<input type="checkbox"/> Electricity
<input type="checkbox"/> Air Quality / Vapors	<input type="checkbox"/> Chemicals (Burns, Inhalation, etc.)	<input type="checkbox"/> Noise	<input type="checkbox"/> Noise

Hazard Elimination

<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Head Protection Eye / Face Protection	<input type="checkbox"/> Ear Protection Respirator Safety	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Lanyard / Harness	<input type="checkbox"/> Barricades / Rails	<input type="checkbox"/> Adequate Eyewash / Shower	<input type="checkbox"/> Restrict Area
<input type="checkbox"/> Other			

Items To Be Verified

<input type="checkbox"/> PPE Present	<input type="checkbox"/> Emergency Plan Reviewed	<input type="checkbox"/> First-Aid Kit	<input type="checkbox"/> First-Aid Training
<input type="checkbox"/> Lockout / Tag out	<input type="checkbox"/> Immediate Response	<input type="checkbox"/> Safety Equipment Present	<input type="checkbox"/> Safety Guards
<input type="checkbox"/> Permitting Obtained	<input type="checkbox"/> Others Informed	<input type="checkbox"/> MSDS	<input type="checkbox"/> Supervision Present
<input type="checkbox"/> Other			

Description of procedure to perform task:
