



Pre-task Planning

Site Name:	Foreman:	Date:
Company/Trade:	GC/Sup:	Time:

Scope of Work	Hazards Identified	Hazard Elimination	✓

Potential hazards (Check all that apply + write hazard control measures for each)			
<input type="checkbox"/>	Slips, Trips	<input type="checkbox"/>	Particles in Eyes/Face
<input type="checkbox"/>	Falls over 6'	<input type="checkbox"/>	Overhead Work
<input type="checkbox"/>	Falls from Ladder	<input type="checkbox"/>	Holes/dropping hazard
<input type="checkbox"/>	Elevated work	<input type="checkbox"/>	Sprains/Strains
<input type="checkbox"/>	Pinch/Crush hazard	<input type="checkbox"/>	Overexertion
<input type="checkbox"/>	Cuts/Abrasions	<input type="checkbox"/>	Crane Lifts
<input type="checkbox"/>	Hot Work: PERMIT	<input type="checkbox"/>	Confined Space: PERMIT
<input type="checkbox"/>	Flammables, Fire extinguishers, Cylinders up + secure, Ventilation	<input type="checkbox"/>	Air Monitoring, Ventilation, Rescue Plan, Attendant, Entrant, Hazards, eliminated
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Moving Machinery
<input type="checkbox"/>		<input type="checkbox"/>	Electric Shock/Live Utilities
<input type="checkbox"/>		<input type="checkbox"/>	Heat/Cold Exposure
<input type="checkbox"/>		<input type="checkbox"/>	Fire Hazard
<input type="checkbox"/>		<input type="checkbox"/>	Chemical hazard
<input type="checkbox"/>		<input type="checkbox"/>	Emergency Exit Plan

Daily Inspections:	Inspected by:
Lifts, Hoists, Heavy Equip.	
Ladders/ Scaffolds	
Cords/GFCI/Lighting	
Tools + Equipment	
Fall protection equip.	
Guardrails/barricades/holes	

Tomorrow's Prep:

Employee Names:
