

## Pre-Task Plan Card

Safety Focus: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_

Project: \_\_\_\_\_ Project No. \_\_\_\_\_

Foreman's Name (Print): \_\_\_\_\_

Task: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Recognized Hazards(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Arc Flash/Blast          | <input type="checkbox"/> Ladders/Stairwells      |
| <input type="checkbox"/> Back Injury              | <input type="checkbox"/> Material Handling       |
| <input type="checkbox"/> Caught In/Between        | <input type="checkbox"/> Noise                   |
| <input type="checkbox"/> Cave-Ins                 | <input type="checkbox"/> Overexertion            |
| <input type="checkbox"/> Chemical Exposure        | <input type="checkbox"/> Overhead Utilities      |
| <input type="checkbox"/> Confined Space           | <input type="checkbox"/> Overhead Work           |
| <input type="checkbox"/> Cuts/Abrasions/Punctures | <input type="checkbox"/> Penetrations/Holes      |
| <input type="checkbox"/> Electric Shock           | <input type="checkbox"/> Pinch Points            |
| <input type="checkbox"/> Equipment Handling       | <input type="checkbox"/> Rigging                 |
| <input type="checkbox"/> Eye Injuries             | <input type="checkbox"/> Slips, Trips, and Falls |
| <input type="checkbox"/> Falling from Height      | <input type="checkbox"/> Strains and Sprains     |
| <input type="checkbox"/> Falling/Fixed Objects    | <input type="checkbox"/> Temperature Ext.        |
| <input type="checkbox"/> Fire/Explosion           | <input type="checkbox"/> Underground Utilities   |
| <input type="checkbox"/> Foot Injuries            | <input type="checkbox"/> Weather Conditions      |
| <input type="checkbox"/> Head Injuries            | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Housekeeping             | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Impalement               | <input type="checkbox"/> Other _____             |

### Hazard Abatement(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Appropriate Clothing/Boots | <input type="checkbox"/> Hearing Protection         |
| <input type="checkbox"/> Arc Flash/Blast Suit       | <input type="checkbox"/> Housekeeping               |
| <input type="checkbox"/> Barricades/Barriers        | <input type="checkbox"/> Insulation                 |
| <input type="checkbox"/> Chemical Suits             | <input type="checkbox"/> Isolation                  |
| <input type="checkbox"/> Connections/Fittings       | <input type="checkbox"/> JHA                        |
| <input type="checkbox"/> DO NOT ATTEMPT!!           | <input type="checkbox"/> Ladders/Stairways          |
| <input type="checkbox"/> Emergency Contacts         | <input type="checkbox"/> Lockout/Tagout             |
| <input type="checkbox"/> Emergency Plan             | <input type="checkbox"/> Permits                    |
| <input type="checkbox"/> Eye Protection             | <input type="checkbox"/> Proper Lifting Techniques  |
| <input type="checkbox"/> Fall Protection            | <input type="checkbox"/> Rebar Caps                 |
| <input type="checkbox"/> Fire Extinguishers         | <input type="checkbox"/> Respiratory Protection     |
| <input type="checkbox"/> Fire Watch                 | <input type="checkbox"/> Right Tool For The Job     |
| <input type="checkbox"/> GFCI                       | <input type="checkbox"/> Shoring/Sloping/Trench box |
| <input type="checkbox"/> Gloves                     | <input type="checkbox"/> Tag Lines                  |
| <input type="checkbox"/> Grounding Devices          | <input type="checkbox"/> Utility Locate Service     |
| <input type="checkbox"/> Guardrails                 | <input type="checkbox"/> Warm Up/Stretch Out        |
| <input type="checkbox"/> Guide/Signal Man           | <input type="checkbox"/> Weather Gear               |
| <input type="checkbox"/> Hard Hats                  | <input type="checkbox"/> Other _____                |

