

# DAILY PRE-TASK SAFETY PLANNING "PTP"

Date: \_\_\_\_\_ Company: \_\_\_\_\_ Jobsite: \_\_\_\_\_ Weather Condition/Temperature: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ Number of workers for this task: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Specific Location of Task: \_\_\_\_\_

## Evaluating Your Work Area (Circle Yes or No)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Have you walked your area? Yes No</li> <li>• Are you working around power lines? Yes No</li> <li>• Does this task require special training? Yes No</li> <li>• Is a SDS onsite if using a chemical for this task? Yes No</li> <li>• Is air monitoring required? Yes No</li> <li>• Are work permits required for this task? Yes No; if yes, are they filled out? Yes No</li> <li>• Are you familiar with evacuations routes? Yes No</li> <li>• Have all tools/equipment been inspected prior to use? Yes No; if found damaged, did you tag them out and remove from site? Yes No</li> <li>• Has this task been coordinated with other trades (if applicable)? Yes No</li> </ul> | <ul style="list-style-type: none"> <li>Do you have the PPE needed for this task? Yes No</li> <li>Are the required materials and tools provided? Yes No</li> <li>Are fire extinguishers nearby and fully charged? Yes No</li> <li>Does this task involved confined space? Yes No</li> <li>Is there a safety issue that has not been addressed? Yes No; if yes, explain below</li> <li>Has U-locate (811) been contacted and underground utilities marked? Yes No</li> </ul> |
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## Potential Hazard Checklist (place an "X" if applicable)

- |   |   |   |  |
|---|---|---|--|
| <ul style="list-style-type: none"> <li>• Pinch points _____</li> <li>• Back-up hazards _____</li> <li>• Particles in Eyes _____</li> <li>• Elevated Work _____</li> <li>• Housekeeping _____</li> <li>• Chemical Burns _____</li> <li>• Crushing/Cave-In _____</li> </ul> | <ul style="list-style-type: none"> <li>Inadequate Access _____</li> <li>High Noise Levels _____</li> <li>Fall Objects _____</li> <li>Manual Lifting _____</li> <li>Chemical Spill _____</li> <li>Ladders _____</li> <li>Electrical _____</li> </ul> | <ul style="list-style-type: none"> <li>Hazardous Chemicals _____</li> <li>Heat Exhaustion/Stress _____</li> <li>Sharp Objects/ Tools _____</li> <li>Excavations _____</li> <li>Lockout/Tagout _____</li> <li>Rigging _____</li> <li>Slip/Trip _____</li> <li>U-Locate called _____</li> </ul> | <ul style="list-style-type: none"> <li>Falls from Elevation _____</li> <li>Confined Spaces _____</li> <li>Critical Lift _____</li> <li>Fire/Hot Work _____</li> <li>Scaffolding _____</li> <li>Power Tools _____</li> <li>Other (explain below) _____</li> </ul> |
|---|---|---|--|

List of PPE that's required:

Hard Hat <u>X</u>	Face Shield _____
Safety Glasses <u>X</u>	Respirator _____
Hi-Vis Clothing/Vest <u>X</u>	PFAS _____
Gloves <u>X</u>	Welding Shield _____
Protective Clothing _____	Torch Goggles _____
Other: _____	

Description/Steps of Activity Listed Above	Hazards Associated with Each Step	Required Actions to Eliminate or Control the Hazard
1.		
2.		
3.		
4.		
5.		

\*IF ADDITIONAL STEPS ARE NEEDED, USE THE BACK OF THIS PAGE\*

**\*\*\*SIGNATURES OF ALL EMPLOYEES ASSOCIATED WITH THIS TASK SHALL BE ON THE BACK OF THIS PTP\*\*\***

My Signature on the back of this sheet acknowledges I attended this PTP meeting and was properly equipped and trained for the tasks assigned, and that I was not injured on the job the previous day.

Description/Steps of Activity Listed Above	Hazards Associated with Each Step	Required Actions to Eliminate or Control the Hazard
7..		
8.		
9.		
10.		
11.		
12.		
	<b>SIGNATURES OF ALL EMPLOYEES REQUIRED</b>	
<b>Employee Signature</b>	<b>Employee Signature</b>	<b>Employee Signature</b>
..		