

# Safety guidelines series 1.0

## PRE-TASK PLANING (PTP)



**SLCCC**  
ST. LOUIS COUNCIL  
OF CONSTRUCTION  
CONSUMERS



# PANELISTS

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# PRE-TASK PLANNING

## What is Pre-Task Planning?

Job safety pre-task planning is to analyze job tasks and hazards, then identify preventative measures to minimize risks to workers.



# ACRONYMS

JSA' s (Job Safety Analysis)

PTSA' s (Project Type Safety Analysis)

PTP' s (Pre-Task Planning)

We know you may be using one of these terms for your pre-task planning and for all intents and purposes we are referring to the same thing.





# KEY TAKE AWAYS

- Pre-task analysis occurs at the start of each day, prior to beginning any work.
- Any changes in condition or tasks should result in workers stopping, reassessing the changed conditions, noting changes and mitigation plans prior to continuation of work.
- Greater involvement of trade employees into the safety process drives engagement and improves safety culture.



# KEY TAKE AWAYS

- Fostering involvement of trade employees into pre-task planning is one of the most powerful safety tools available to the jobsite.
- Construction management is responsible for ensuring time and resources for effective daily pre-task planning.



# 5 CORE STEPS

## EFFECTIVE PRE-TASK PLANNING

DEFINE SCOPE

Clear Understanding of Work Assignment

ANALYZE HAZARDS

Identify Situational and Inherent Hazards

HAZARD CONTROL

Crews Identify both Situational and Inherent Hazards

WORK WITHIN  
HAZARD CONTROL

Crew Discusses Work and Identifies Hazards

PROVIDE  
FEEDBACK

Continued Improvement -  
Regular Review and Feedback



# PANEL DISCUSSION

## Question 1:

How does the work pre-planning process fit into the overall construction safety programs in your company?





# PANEL DISCUSSION

## Question 2:

What makes or breaks an effective pre-task planning program?



# PANEL DISCUSSION

## Question 3:

What role does the crew member/Trades employee play in the pre-task planning process?



# PANEL DISCUSSION

## Question 4:

What role does the construction manager/supervisor play in the pre-task planning process?



# PANEL DISCUSSION

## Question 5:

How do you ensure quality and effectiveness of Pre-Task Planning that is completed on the job site (review work in the field and provide feedback?)?



# PANEL DISCUSSION

## Question 6:

What advice would you have for a company looking to implement a pre-task planning program?





# CONTRACTOR INPUT

## Question 1:

As a contractor, do you have your own pre-task planning processes, complete with a form and checklist?



# CONTRACTOR INPUT

## Question 2:

If an owner site does not require pre-task planning, does your company require workers to complete pre-task planning anyway?



# CONTRACTOR INPUT

## Question 3:

How does pre-task planning impact safety culture at your company?



# CONTRACTOR INPUT

## Question 4:

What advice would you have to other contractors looking to implement a pre-task planning program?



# TASK PLANS

## JOB SAFETY ANALYSIS (JSA)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PROJECT LOCATION: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_ FOREMAN/SUPERVISOR: \_\_\_\_\_  
 JOB DESCRIPTION: \_\_\_\_\_

Emergency Procedures	Safety Device Locations	Alarm Codes
Communication Method	Shower	Fire
Emergency Call Number	Eyewash	Medical
Evacuation Route	Fire Protection	Weather
Assembly Area	First Aid	All Clear

☐ Emergency Action Plan Reviewed (Fall Protection, Confined Space, Excavation, etc.)

Weather Conditions (Current or expected change in weather conditions that could impact health and safety)  
 Heat \_\_\_\_\_ Cold \_\_\_\_\_ Snow/Ice \_\_\_\_\_ Rain \_\_\_\_\_ Wind \_\_\_\_\_ Severe Weather \_\_\_\_\_

### Required Basic Personal Protective Equipment: Hard Hat, Safety Glasses, Safety Toed Shoes and High Visibility Clothing

Potential Hazards	Health Hazards	Ladders	Excavation
<input type="checkbox"/> Excavation	<input type="checkbox"/> Noise	<input type="checkbox"/> Selection/Type/Height	<input type="checkbox"/> Cable, Wire or Core Rostering
<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Burns	<input type="checkbox"/> Placement/Stability	<input type="checkbox"/> Ground Fault Protection
<input type="checkbox"/> Moving Equipment	<input type="checkbox"/> Dust	<input type="checkbox"/> Inspection	<input type="checkbox"/> Core Inspection
<input type="checkbox"/> Energized Electrical	<input type="checkbox"/> Silica	<input type="checkbox"/> Tie-Off and Secures	<input type="checkbox"/> Endpoints Inspection
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Electrical Contact Hazard	<input type="checkbox"/> Tools/Double Insulated
<input type="checkbox"/> Excavating/Trenching	<input type="checkbox"/> Lead	<input type="checkbox"/> Load	<input type="checkbox"/> Air Quality
<input type="checkbox"/> Lifting Pivots	<input type="checkbox"/> Heat/Cold	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Hoisting & Holding (H&H)
<input type="checkbox"/> Utility/Life Line Impairment	<input type="checkbox"/> Radiation	<input type="checkbox"/> Inspection	<input type="checkbox"/> Rigging/Operator Qualifications
	<input type="checkbox"/> Air Quality	<input type="checkbox"/> Tagging/Serial	<input type="checkbox"/> Endpoints Inspection
		<input type="checkbox"/> Lull Protection	<input type="checkbox"/> Lifting Equipment Capacity
			<input type="checkbox"/> Beam/Monorail Capacity
			<input type="checkbox"/> Chain Fall Control Along Capacity
			<input type="checkbox"/> Softeners
			<input type="checkbox"/> Tag Lines
			<input type="checkbox"/> Overhead/Backs Clearance
			<input type="checkbox"/> Electrical Hazards/Clear Limits
			<input type="checkbox"/> Setup Location Inspection
			<input type="checkbox"/> Support/Clamp Materials
			<input type="checkbox"/> H&H Coordination
			<input type="checkbox"/> Crane/Lift Checklists
			<input type="checkbox"/> Grounder Placement/Support
			<input type="checkbox"/> Banding/Tag String Buckles
			<input type="checkbox"/> Communication Procedures
			<input type="checkbox"/> Lift Permit
			<input type="checkbox"/> Personnel Platform Permit
			<input type="checkbox"/> Load Handling
			<input type="checkbox"/> Scaffolding Beam Staging
			<input type="checkbox"/> Manual Equipment Tagging
			<input type="checkbox"/> Rody/Hand Position
			<input type="checkbox"/> Release Roping
			<input type="checkbox"/> Lock Out/Tag Out (LOTO)
			<input type="checkbox"/> LOTO Plan (Construction Site)
			<input type="checkbox"/> LOTO Plan Review
			<input type="checkbox"/> Notify Affected Units
			<input type="checkbox"/> Release Stored Energy
			<input type="checkbox"/> Energy Source LOTO Confirmed

## BJC HealthCare

### Pre-Task Plan

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Job Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Location: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
 Reviewed BJC HealthCare Risk Assessment [ ]

Brief Description of Scope - Work/Tasks being performed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permits:  
 Above Ceiling [ ] Barrier Penetration [ ] Confined Space [ ] Electrical Work [ ]  
 Excavation [ ] Hot Work [ ] Other [ ]

Potential Hazards:  
 Above Ceiling Work [ ] Hand Injuries [ ] Hazard mitigation efforts: \_\_\_\_\_  
 Arc Flash [ ] Head Injuries [ ] \_\_\_\_\_  
 Caught Between [ ] Housekeeping [ ] \_\_\_\_\_  
 Chemical Exposure [ ] Ladders [ ] \_\_\_\_\_  
 Confined Space [ ] Noise/Vibrations [ ] \_\_\_\_\_  
 Cuts/Abrasions [ ] Overhead Work [ ] \_\_\_\_\_  
 Electric Shock [ ] Slips, Trips & Falls [ ] \_\_\_\_\_  
 Eye Injuries [ ] Working Above/Below [ ] \_\_\_\_\_  
 Fall from Height [ ] Other [ ] \_\_\_\_\_  
 Falling Objects [ ] Other [ ] \_\_\_\_\_  
 Fire/Explosion [ ] Other [ ] \_\_\_\_\_  
 Foot Injuries [ ] Other [ ] \_\_\_\_\_

By signing below I agree that I have reviewed this Pre-Task Plan, the hazards have been addressed and I understand the procedures, policies and guidelines for the safe performance of the work described above.

## KAI

### Task Safety Plan

Date of Last Revision: April 12, 2018

By: Steve Richardson

Electronically Signed Document: Q:\PUBLIC\OFFICE\SAFETY\FORMS

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Craft(s): \_\_\_\_\_

Task Activity - LOCATION(S) WORKING: \_\_\_\_\_

Task Activity - LIST BASIC JOB STEPS: \_\_\_\_\_

Potential Hazards:											
<b>A</b> Electrocution/Shock Hazard	<b>H</b> Hot Surfaces	<b>O</b> Excavations	<b>V</b> Chemicals (SDS Review)								
<b>B</b> Fall From Heights	<b>I</b> Punch Points	<b>P</b> Lead Exposure	<b>W</b> Lifting (Manual/Mech)								
<b>C</b> Overhead Work / Loads	<b>F</b> Flying Debris	<b>S</b> Silica Exposure	<b>X</b> Environmental (Heat/Cold)								
<b>D</b> Poor Lighting	<b>T</b> Vehicle Traffic	<b>A</b> Asbestos Exposure	<b>Y</b> Compressed Air								
<b>E</b> Rough / Sharp Materials	<b>R</b> Railway Traffic	<b>S</b> Poor Work Position	<b>Z</b> Other: _____								
<b>F</b> Slippery Surfaces	<b>M</b> Toxic Atmosphere	<b>T</b> High Noise Area									
<b>G</b> Rotating Equipment	<b>N</b> Welding Arc	<b>U</b> Flammable Materials									

Letter \_\_\_\_\_ Prevention Action For Each Potential Hazard \_\_\_\_\_

Safety Checklist → Check Either YES - NO - NA For Each Item											
PPE NEEDED	YES	NO	NA	PERMITS REQUIRED	YES	NO	NA	FIRE PROTECTION	YES	NO	NA
Safety Glasses w/ Side Shield				Confined Space Permit				Welding Screens in Place			
Hard Hats				Hot Work Permit				Flammable Storage			
Face Shields				Hospital Work Permit				Fire Blankets Needed			
Proper Work Gloves				Excavation Permit				Fire Extinguishers Inspected			
Heating Protection				Critical Lift Checklist				Fire Watch Required			
Rubber Boots				Roof Work Permit				Sparks Contained			
Chemical Suits				Daily LIFT/Setup Inspections				<b>ENERGIZED EQUIPMENT</b>			
Safety Harnesses / Lanyards				<b>BARICADES / COVERS</b>				Lockout / Tag Out Required			
Foot Guards				Yellow Caution Tape				Electrical Tools Cords Inspected			
Gloves for Sharp or Hot Work				Red (Danger) Tape				Power Tool Guards in Place			
Respiratory Protection				Hard Barricades Required				GFCI Available and Used			
Electrical Flash Protection				Hole Covers Required				High Voltage Lines Identified			
Eye Wash				Flashing Lights Required				<b>EQUIPMENT</b>			
Safety Shower				<b>HAZARDOUS MATERIALS</b>				Rigging Equipment Inspected			
Scaffolds Inspected				Cords & Hoses Elevated				Cranes Inspected			
Ladder Secured / Inspected				Walk Ways Clear				Hoisting Equipment Inspected			
Boom Lifts Inspected				Twist / Scrap Secured				Boom Trucks/Lifts Inspected			
Solar Lits Inspected				Work Areas kept Clean				forklifts Inspected			
				Tools are Secured				Operators are Certified			

Specific Remarks to Crew:





## JOB SAFETY ANALYSIS (JSA)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PROJECT LOCATION: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_ FOREMAN/SUPERVISOR: \_\_\_\_\_  
 JOB DESCRIPTION: \_\_\_\_\_

Emergency Procedures		Safety Device Locations		Alarm Codes	
Communication Method		Shower		Fire	
Emergency Call Number		Eyewash		Medical	
Evacuation Route		Fire Protection		Weather	
Assembly Area		First Aid		All Clear	

☐ Emergency Action Plan Reviewed (Fall Protection, Confined Space, Excavation, etc.)

Weather Conditions (Current or expected change in weather conditions that could impact health and safety)

Heat \_\_\_\_\_ Cold \_\_\_\_\_ Snow/Ice \_\_\_\_\_ Rain \_\_\_\_\_ Wind \_\_\_\_\_ Severe Weather \_\_\_\_\_

Required Basic Personal Protective Equipment: Hard Hat, Safety Glasses, Safety Toed Shoes and High Visibility Clothing

<b>Permit Required</b> <input type="checkbox"/> Excavation <input type="checkbox"/> Critical Lift <input type="checkbox"/> Hot Work <input type="checkbox"/> Energized Electrical <input type="checkbox"/> Confined Space <input type="checkbox"/> Breaking/Entering <input type="checkbox"/> Lifting People <input type="checkbox"/> Utility/Life Line Impairment <input type="checkbox"/> _____  <b>Physical/Site Hazards</b> <input type="checkbox"/> Access/Egress <input type="checkbox"/> Surfaces-Slips/Trips/Falls <input type="checkbox"/> Moving Equip-Spotters <input type="checkbox"/> Barricades/Guardrails <input type="checkbox"/> Overhead Work <input type="checkbox"/> Falling Objects/Debris <input type="checkbox"/> Others In Area <input type="checkbox"/> Floor Hole Covers <input type="checkbox"/> Lighting <input type="checkbox"/> Confined Space <input type="checkbox"/> Housekeeping <input type="checkbox"/> Flammables <input type="checkbox"/> Stings/Bites/Poisonous Plants <input type="checkbox"/> _____  <b>Positioning Self</b> <input type="checkbox"/> Pinch Points/Body Placement <input type="checkbox"/> Heavy/Bulky Objects <input type="checkbox"/> Cramped Quarters <input type="checkbox"/> Weather/Wind Impacts <input type="checkbox"/> _____  <b>Ergonomics</b> <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Body Position <input type="checkbox"/> Vibration <input type="checkbox"/> Overhead Reach <input type="checkbox"/> Muscle Strain <input type="checkbox"/> _____	<b>Health Hazards</b> <input type="checkbox"/> Noise <input type="checkbox"/> Burns <input type="checkbox"/> Dust <input type="checkbox"/> Silica <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> Hex Chrome <input type="checkbox"/> Radiation <input type="checkbox"/> Air Quality <input type="checkbox"/> _____  <b>PPE (Above Basic)</b> <input type="checkbox"/> Goggles/Spoggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves <input type="checkbox"/> Sleeves <input type="checkbox"/> Knee Pads <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Chemical Resistance <input type="checkbox"/> Electrical Protection <input type="checkbox"/> Welding/Burning Protection <input type="checkbox"/> _____  <b>Fall Protection (FP)</b> <input type="checkbox"/> Body Harness <input type="checkbox"/> Non-Shock Lanyard/Tether <input type="checkbox"/> Self Retracting Lifeline <input type="checkbox"/> Shock-Absorbing Lanyard <input type="checkbox"/> Suspension Trauma Straps <input type="checkbox"/> Vert. Lifeline w/ Rope Grab <input type="checkbox"/> Elevated Work Checklist <input type="checkbox"/> FP Equipment Inspection <input type="checkbox"/> Guardrail Inspection <input type="checkbox"/> Rescue Plan <input type="checkbox"/> _____	<b>Ladders</b> <input type="checkbox"/> Selection-Type/Height <input type="checkbox"/> Placement/Stability <input type="checkbox"/> Inspection <input type="checkbox"/> Tie-Off and Secure <input type="checkbox"/> Electrical Contact Hazard <input type="checkbox"/> _____  <b>Scaffolds</b> <input type="checkbox"/> Approval-Competent Person <input type="checkbox"/> Inspection <input type="checkbox"/> Tag-Verify Service <input type="checkbox"/> Fall Protection <input type="checkbox"/> _____  <b>Tools</b> <input type="checkbox"/> Guards and Handles <input type="checkbox"/> Grinders <input type="checkbox"/> Air Hose Pins/Whip Stays <input type="checkbox"/> Tool Inspection <input type="checkbox"/> Powder-Actuated Tools <input type="checkbox"/> Support/Clamp Materials <input type="checkbox"/> _____  <b>Welding/Burning</b> <input type="checkbox"/> Welding Screens <input type="checkbox"/> Fire Blankets <input type="checkbox"/> Fire Watch (Multiple Floors) <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Combustibles/Flammables <input type="checkbox"/> Ventilation <input type="checkbox"/> _____  <b>Lock Out/Tag Out (LO/TO)</b> <input type="checkbox"/> LO/TO Plan (Contractor or Site) <input type="checkbox"/> Lock/Tag Assignments <input type="checkbox"/> LO/TO Plan Review <input type="checkbox"/> Notify Affected Users <input type="checkbox"/> Release Stored Energy <input type="checkbox"/> Energy Source L/O Confirmed <input type="checkbox"/> _____	<b>Electrical</b> <input type="checkbox"/> Cable, Wire or Cord Routing <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Cord Inspection <input type="checkbox"/> Equipment Inspection <input type="checkbox"/> Tools-Double Insulated <input type="checkbox"/> _____  <b>Rigging &amp; Hoisting (R&amp;H)</b> <input type="checkbox"/> Rigger/Operator Qualifications <input type="checkbox"/> Equipment Inspection <input type="checkbox"/> Lifting Equipment Capacity <input type="checkbox"/> Beam/Monorail Capacity <input type="checkbox"/> Chain Fall/Come Along Capacity <input type="checkbox"/> Softeners <input type="checkbox"/> Tag Lines <input type="checkbox"/> Overhead/Radius Clearance <input type="checkbox"/> Electrical Hazards/Dist. Limits <input type="checkbox"/> Setup Location Inspection <input type="checkbox"/> _____  <b>R&amp;H Coordination</b> <input type="checkbox"/> Crane/Lift Checklist <input type="checkbox"/> Outrigger Placement/Support <input type="checkbox"/> Barricade/Tag Swing Radius <input type="checkbox"/> Communication Procedure <input type="checkbox"/> Lift Permit <input type="checkbox"/> Personnel Platform Permit <input type="checkbox"/> _____  <b>Load Handling</b> <input type="checkbox"/> Spreader Beam Staging <input type="checkbox"/> Material/Equipment Staging <input type="checkbox"/> Body/Hand Position <input type="checkbox"/> Release Rigging <input type="checkbox"/> _____
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# BJC HealthCare

## Pre-Task Plan

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Job Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

**Reviewed BJC HealthCare Risk Assessment [ ]**

Brief Description of Scope - Work/Tasks being performed:

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### Permits:

Above Ceiling [ ]	Barrier Penetration [ ]	Confined Space [ ]	Electrical Work [ ]
Excavation [ ]	Hot Work [ ]	Other [ ]	

### Potential Hazards:

Above Ceiling Work [ ]	Hand Injuries [ ]	Hazard mitigation efforts: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Arc Flash [ ]	Head Injuries [ ]	
Caught Between [ ]	Housekeeping [ ]	
Chemical Exposure [ ]	ILSM Required [ ]	
Confined Space [ ]	Ladders [ ]	
Cuts/Abrasions [ ]	Noise/Vibrations [ ]	
Electric Shock [ ]	Overhead Work [ ]	
Eye Injuries [ ]	Slips, Trips & Falls [ ]	
Fall from Height [ ]	Working Above/Below [ ]	
Falling Objects [ ]	Other _____ [ ]	
Fire/Explosion [ ]	Other _____ [ ]	
Foot Injuries [ ]	Other _____ [ ]	

By signing below I agree that I have reviewed this Pre-Task Plan, the hazards have been addressed and I understand the procedures, policies and guidelines for the safe performance of the work described above.

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## Task Safety Plan

Date of Last Revision: April 12, 2018

By: Steve Richardson

Electronically Stored Document: Q:PUBLIC/OFFICE/SAFETY/FORMS

**Company Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Craft(s):* \_\_\_\_\_

**Task Activity – LOCATION(S) WORKING:** \_\_\_\_\_

**Task Activity – LIST BASIC JOB STEPS:**

**Potential Hazards:**

<b>A</b>	Electrocution/Shock Hazard	<b>H</b>	Hot Surfaces	<b>O</b>	Excavations	<b>V</b>	Chemicals (SDS Review)
<b>B</b>	Fall From Heights	<b>I</b>	Pinch Points	<b>P</b>	Lead Exposure	<b>W</b>	Lifting (Manual/Leach)
<b>C</b>	Overhead Work / Loads	<b>J</b>	Flying Particles	<b>Q</b>	Silica Exposure	<b>X</b>	Environmental (Heat/Cold)
<b>D</b>	Poor Lighting	<b>K</b>	Vehicle Traffic	<b>R</b>	Asbestos Exposure	<b>Y</b>	Compressed Air
<b>E</b>	Rough / Sharp Materials	<b>L</b>	Railway Traffic	<b>S</b>	Poor Work Position	<b>Z</b>	Other: _____
<b>F</b>	Slippery Surfaces	<b>M</b>	Toxic Atmosphere	<b>T</b>	High Noise Area		
<b>G</b>	Rotating Equipment	<b>N</b>	Welding Arc	<b>U</b>	Flammable Materials		

[illegible]

**Safety Checklist → Check Either YES – NO – NA For Each Item**

PPE NEEDED	YES	NO	NA	PERMITS REQUIRED	YES	NO	NA	FIRE PROTECTION	YES	NO	NA
Safety Glasses w/Side Shield				Confined Space Permit				Welding Screens In Place			
Hard Hats				Hot Work Permit				Flammable Storage			
Face Shields				Hospital Work Permit				Fire Blankets Needed			
Proper Work Gloves				Excavation Permit				Fire Extinguishers Inspected			
Hearing Protection				Critical Lift Checklist				Fire Watch Required			
Rubber Boots				Roof Work Permit				Sparks Contained			
Chemical Suits				Daily Lift/Equip Inspections				ENERGIZED EQUIPMENT	YES	NO	NA
Safety Harnesses / Lanyards				BARRICADES / COVERS	YES	NO	NA	Lockout / Tag Out Required			
Foot Guards				Yellow (Caution) Tape				Electrical Tools/Cords Inspected			
Sleeves for Sharp or Hot Work				Red (Danger) Tape				Power Tool Guards In Place			
Respiratory Protection				Hard Barricades Required				GFCI Available and Used			
Electrical Flash Protection				Hole Covers Required				High Voltage Lines Identified			
Eye Wash				Flashing Lights Required				EQUIPMENT	YES	NO	NA
Safety Shower				HOUSEKEEPING	YES	NO	NA	Rigging Equipment Inspected			
WORK PLATFORMS	YES	NO	NA	Cords & Hoses Elevated				Cranes Inspected			
Scaffolds Inspected				Walk Ways Clear				Hoisting Equipment Inspected			
Ladder Secured / Inspected				Trash / Scrap Secured				Boom Trucks/Lifts Inspected			
Boom Lifts Inspected				Work Areas Keep Clean				Forklifts Inspected			
Scissor Lifts Inspected				Tools Are Secured				Operators Are Certified			

**Specific Remarks to Crew:**

Document	Version	File	Print Date & Page
Task Activity Plan	01	Q:PUBLIC/OFFICE/SAFETY/FORMS	Page 1