

# Safety guidelines series 1.0

## PRE-TASK PLANING (PTP)



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



# PANELISTS

Moderator: Kirby Kraft (Bayer)

Michael Hargrave (BJC)

Rich Koch (Boeing)

Bob Salek (Bayer)

Steve Richardson (KAI Enterprises)



# 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

Perms Required	Health Hazards	Ladders	Excavation
<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"/> Hoisting/Lifting <input type="checkbox"/> Utility/Life Line Impairment	<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"/> Hexa Chlorine <input type="checkbox"/> Radiation <input type="checkbox"/> Air Quality	<input type="checkbox"/> Selection/Type/Height <input type="checkbox"/> Placement/Stability <input type="checkbox"/> Inspections <input type="checkbox"/> Tie-Off and Secure <input type="checkbox"/> Electrical Contact Hazard	<input type="checkbox"/> Cables, Wires or Cord Routing <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Cold Inspection <input type="checkbox"/> Employee Inspection <input type="checkbox"/> Tools/Double Insulated <input type="checkbox"/>
Physical Hazards	MSDS (Gases/Boils)	Scalings	Hoisting & Holding (Lifts)
<input type="checkbox"/> Access Egress <input type="checkbox"/> Surfaces/Slopes/Trips/Falls <input type="checkbox"/> Missing Edge Protection <input type="checkbox"/> Barbed Wire/Coils/Cables <input type="checkbox"/> Overhead Work <input type="checkbox"/> Falling Objects/Drops <input type="checkbox"/> Obstructions in Area <input type="checkbox"/> Floor Hole Covers <input type="checkbox"/> Lighting <input type="checkbox"/> Confined Space <input type="checkbox"/> Noise/Vibration <input type="checkbox"/> Slips/Trips/Poisonous Plants	<input type="checkbox"/> Goggles/Respirator <input type="checkbox"/> Face Shield <input type="checkbox"/>	<input type="checkbox"/> Approval/Competent Person <input type="checkbox"/> Inspection <input type="checkbox"/> Stability/Secure <input type="checkbox"/> Fall Protection	<input type="checkbox"/> Tag Lines <input type="checkbox"/> Rigging/Operator Qualifications <input type="checkbox"/> Equipment Inspection <input type="checkbox"/> Lifting Equipment Capacity <input type="checkbox"/> Beam/Monorail Capacity <input type="checkbox"/> Chain/Fall Control Along Capacity <input type="checkbox"/> Software
Working Safely	Fall Protection (FP)	Working/Handling	Load Handling
<input type="checkbox"/> PPE/Fitness/Body Placement <input type="checkbox"/> Heavy/Lift/Objects <input type="checkbox"/> Cramped Quarters <input type="checkbox"/> Weather/Wind Impacts	<input type="checkbox"/> Body Harness <input type="checkbox"/> Non-Slip/Lanyard/Center <input type="checkbox"/> Self-Rescuing Lanyard <input type="checkbox"/> Shock-Absorbing Lanyard <input type="checkbox"/> Supplemental Training Device <input type="checkbox"/> Vert. Lifeline w/ Rope Grab <input type="checkbox"/> Elevated Work Checklists <input type="checkbox"/> PPE Equipment Inspection <input type="checkbox"/> Groundfall Inspection <input type="checkbox"/> Rescue Plan	<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire Watch (Multiple Floors) <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Self-Rescuing Lanyards <input type="checkbox"/> Ventilation	<input type="checkbox"/> Lifting/Tag Assignments <input type="checkbox"/> LOTO/Plan Review <input type="checkbox"/> Notify Affected Users <input type="checkbox"/> Release Stored Energy <input type="checkbox"/> Energy Source LOTO Confirmed



## 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 [ ] 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## 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:													
A	Electrocution/Shock Hazard	H	Hot Surfaces	O	Excavations	V	Chemicals (SDS Review)	B	Fall From Heights	P	Pinch Points	W	Lead Exposure
C	Overhead Work / Loads	F	Falling Objects	R	Site Exposure	E	Environmental (Heat/Cold)	D	Poor Lighting	X	Vehicle Traffic	A	Asbestos Exposure
E	Rough / Sharp Materials	L	Railway Traffic	S	Poor Work Position	Z	Other:	F	Slippery Surfaces	M	Toxic Atmosphere	T	High Noise Area
G	Rotating Equipment	N	Welding Arc	U	Flammable Materials								

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

Safety Checklist - Check Either YES - NO - NA For Each Item											
PPE NEEDED	YES	NO	NA	SPENCER REQUIRED	YES	NO	NA	FIRE PROTECTION	YES	NO	NA
Safety Glasses w/ Side Shield				Confined Space Permits				Welding Screens in Place			
Hard Hats				Hot Work Permits				Flammable Storage			
Face Shields				Hospital Work Permits				Fire Blankets Needed			
Proper Work Gloves				Excavation Permits				Fire Extinguishers Inspected			
Hearing Protection				Critical Lift Checklists				Fire Watch Required			
Rubber Boots				Roof Work Permits				Sealed Containers			
Chemical Suits				Daily LOTO/Tag/Setup Inspections				ENERGIZED EQUIPMENT	YES	NO	NA
Safety Harness / Lanyards				BARBICARE / COVERS	YES	NO	NA	Ladder / Tag Out Required			
Foot Guards				Yellow Caution Tapes				Electrical Tools Confirmed/Inspected			
Gloves for Sharp or Hot Work				Rail (Danger) Tapes				Power Tool Guards in Place			
Respiratory Protection				Hard Barricades Required				GFCI Available and Used			
Electrical PPE/Protection				Hole Covers Required				High Voltage Lines Identified			
Eye Wash				Flashing Lights Required				EQUIPMENT	YES	NO	NA
Safety Shower				WAX/KEEP/PAINT	YES	NO	NA	Rigging Equipment Inspected			
Scuffpads Inspected	YES	NO	NA	Cords & Hoses Cleared				Cranes Inspected			
Ladder Secured / Inspected				Walk Ways Secured				Hoisting Equipment Inspected			
Boom Lifts Inspected				Trash / Scrap Secured				Boom Trucks/Lifts Inspected			
Safety LOTO 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>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>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>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>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>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>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>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>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>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>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>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>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>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>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"/>



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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