

Pre-Task

Project Name:		Location:		Task:	
Worker completing form:		Title		Date/time:	
Will task present any of the following?- Address the controls below					
<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Access/Lighting	<input type="checkbox"/> Public Interaction	<input type="checkbox"/> Traffic Controls	<input type="checkbox"/> Heavy Lifting	
<input type="checkbox"/> Crane/ Rigging	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Falls over 4 feet	<input type="checkbox"/> Work in Trench	<input type="checkbox"/> Scaffold Use	
<input type="checkbox"/> Ladder Use	<input type="checkbox"/> Demolition	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Heavy Equipment Used	<input type="checkbox"/> Overhead/ falling objects	
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Aerial lift Usage	<input type="checkbox"/> Sharp edges or objects <input type="checkbox"/>			
Permits Required: <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Guardrail removal					
Task Specific Concerns					
Steps to Perform Work	Associated Hazards	Controls		Additional PPE	
Additional Hazards or Concerns:		Controls:			
Crew Sign Off:					