



Energy Efficiency Specialists™

PRE-TASK PLAN

The supervisor and crew will create this plan establishing safe work practices and common hazard control measures for preventing the occurrence of injuries.

Job Information

Job Name: _____ Location of Work: _____
Task Description: _____
Start Date/Time: _____ End Date/Time: _____
Foreman: _____ Phone: _____ Crew Size: _____

Work Task & Environment Evaluation

	Yes	No
- Is every crew member orientated to the site and familiar with the work environment?	<input type="checkbox"/>	<input type="checkbox"/>
- Has the work area been walked by the crew to identify safety and/or impact concerns?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task require special permits or plans? (i.e. confined space entry, hot work, fall protection work plan)	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task involve exposure to falls of 4' or greater?	<input type="checkbox"/>	<input type="checkbox"/>
- Will barricading and or signage be required to protect personnel, facilities, or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task require the use of ladders, MEWPs, scaffolds or work platforms?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task require the LOTO of energized systems?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task involve the use of chemicals? If so, has an SDS been reviewed to proceed with the task?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task involve exposure to high noise levels greater than 85 dBA?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task involve musculoskeletal/ergonomic risk factors? (i.e. repetitive motion, awkward position, joint stress)	<input type="checkbox"/>	<input type="checkbox"/>
- Will weather conditions effect the safe completion of the task?	<input type="checkbox"/>	<input type="checkbox"/>
- Will the task require additional coordination with other crafts in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
- Have all tools & equipment been inspected for safe use prior to starting work tasks?	<input type="checkbox"/>	<input type="checkbox"/>
- Has emergency equipment been identified & located? (i.e. fire extinguishers, eyewashes, first aid kit, AED)	<input type="checkbox"/>	<input type="checkbox"/>
- What is the evacuation route and designated rally point?	_____	_____

Steps of the Task		Hazards of the Task		Hazard Control Methods	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	

Use the back of this form to list any additional steps and other information.

Personal Protective Equipment

☐ Hard Hat ☐ Safety Glasses ☐ Face Shield ☐ Gloves – Cut Level 3 or greater ☐ High Vis Clothing
☐ Kevlar Sleeves ☐ Respirator ☐ Full Body Harness ☐ Hearing Protection ☐ _____

Signatures

By signing below, I acknowledge that I participated in the creation of this pre-task plan and understand the steps of the task, associated hazards, and hazard control methods.

Foreman Signature: _____ Date: _____
Crew Printed Name: _____ Crew Signature: _____ Crew Printed Name: _____ Crew Signature: _____

If work conditions change, work **MUST STOP** and the Pre-Task Plan must be revised.

Signatures

By signing below, I acknowledge that I participated in the creation of this pre-task plan and understand the steps of the task, associated hazards, and hazard control methods.

Crew Printed Name:	Crew Signature:	Crew Printed Name:	Crew Signature:

Steps of the Task		Hazards of the Task		Hazard Control Methods	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	

Pre-Task Plan Revisions

Describe the deviations from the original pre-task plan and detail the revised hazard control methods.

Crew Initials

R1		
R2		
R3		

Notes

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