

Hudson Bay Insulation Pre Task Plan	
Job:	Date:
Foreman:	Location:
Task:	
Steps of Task	Potential Hazards
Hazard Control Methods	
PPE Needed/Required	Top Considerations
<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Dust/Splash Goggles <input type="checkbox"/> Face Protection <input type="checkbox"/> Right Gloves for the Task <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Body Protection <input type="checkbox"/> Hearing Protection	Access/Egress Housekeeping Specific Training Needed Task Instructions, Mentor New Crew Members Hazard Elimination: Admin/Eng Controls How Could Someone Get Hurt?

Hazards	Hazard Controls
Jobsite Environment <input type="checkbox"/> Other Trades in Area <input type="checkbox"/> Low Light Level <input type="checkbox"/> Slips Trips Falls <input type="checkbox"/> Chemicals/Lead/Asbestos <input type="checkbox"/> Cuts/Contusions <input type="checkbox"/> Energized Equipment/Systems	<input type="checkbox"/> Coordinate with Other Trades in the Area <input type="checkbox"/> Task Lighting/Use Confined Space Procedures <input type="checkbox"/> Proper Housekeeping <input type="checkbox"/> Read & Follow SDS, Ventilate, Air Monitoring <input type="checkbox"/> LOTO, Notify Others

Working At Heights	
<input type="checkbox"/> Falls	<input type="checkbox"/> Fall Protection Equipment
<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Ladders Correctly Set Up
<input type="checkbox"/> Other	<input type="checkbox"/> Scaffolding Inspected
	<input type="checkbox"/> Toeboards/Guard Rails
	<input type="checkbox"/> Aerial Lifts Training/Inspect
	<input type="checkbox"/> Hole Covers in Place, Marked
	<input type="checkbox"/> Barricades in Place, Area Below Cordoned Off

Ergonomic Hazards	
<input type="checkbox"/> Working in Tight Area	<input type="checkbox"/> Correct Posture
<input type="checkbox"/> Working Above Your Head	<input type="checkbox"/> Safe Lifting Technique
<input type="checkbox"/> Pinching, Straining, Bruises	<input type="checkbox"/> Pinch Points Identified
<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Tools/Systems De-Energized
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Breaks To Stretch
<input type="checkbox"/> Heavy Lifting/Muscle Strain	<input type="checkbox"/> Alternate Tasks or Workers
<input type="checkbox"/> Other	<input type="checkbox"/> Use Proper Tool Correctly
	<input type="checkbox"/> Correct Person Doing the Task
	<input type="checkbox"/> Participate in Stretch & Flex

[illegible]