Daily PTP (Pre-Task Plan)

Print Legibly

Date:	Supr/Frm:	Job #
Job Location:		
Description of Overall Work Activity:		
Safety Meeting Topic:		
Take Aways:		
Competent Person:	**Person Completing PTP:**	

EVALUATE YOUR WORK AREA			
Has the competent person performed the required inspections?	YES	NO	NA
Are you working around live systems (electrical, water, etc.)?	YES	NO	NA
Do the tasks require special training?	YES	NO	NA
Is an SDS review necessary for the task?	YES	NO	NA
Is a "Hot Work Permit" required?	YES	NO	NA
Are workers familiar with evacuation routes?	YES	NO	NA
Has emergency equipment been located (fire extinguisher, eye wash, first aid, etc.)?	YES	NO	NA
Have utilities been located and marked?	YES	NO	NA
Do workers have the correct PPE needed to perform tasks?	YES	NO	NA
Are all the required materials and tools provided?	YES	NO	NA
Have tools and equipment been inspected before use (refer to task assignments)?	YES	NO	NA
Are required guards for tools and equipment in place (refer to task assignments)?	YES	NO	NA
Do any tasks involve confined space?	YES	NO	NA
Have you coordinated congested work areas with other trades?	YES	NO	NA
Have workers received Gold Shovel training prior to excavating?	YES	NO	NA
Are cranes involved? Have they been inspected?	YES	NO	NA
Will any task require a Personal Fall Arrest System (including rescue plan)?	YES	NO	NA
Will you be completing a Stretch & Flex before your work day starts?	YES	NO	NA
Have you addressed any barricading, warning tape, or signage for the task(s)?	YES	NO	NA

POTENTIAL HAZARD CHECKLIST (place a checkmark if applicable)			
	Caught-in Between		High Noise Levels
	Thermal Burns		Struck By
	Particles in Eyes		Manual Lifting
	Elevated Work		Chemical Spill
	Fire/Explosion		Critical Lift
	Poor Housekeeping		Plant Operations
	Electrical Shock		Scaffolding
	Chemical Burns		Mobile Equipment
	Compressed Gases		Hazardous Chemical
	Inadequate Access		Heat Exhaustion
	Slip, Trip, Falls		Dust
	Sharp Objects/Tools		Rigging
	Radiation		Inhalation
	Excavations		Falls from Elevation
	LOTO		Confined Space(s)
	Ladders		Falling Objects

PPE Requirements		
Safety Glasses	YES	NO
Reflective Vest	YES	NO
Gloves	YES	NO
Steel Toe Boots/Overs	YES	NO
Hearing Protection	YES	NO
Fall Arrest System	YES	NO
Face Shield	YES	NO
FR Clothing	YES	NO
Respirator	YES	NO
Model/Type:		

TASK ASSIGNMENT	Print Name	Initial
Cords/GFCI		
Power Tools		
Container Labels		
Fire Extinguisher(s)		
Water/Shade		
Ladders		
Fall Protection (all)		

ARE PERMITS REQUIRED FOR THIS WORK (provide permit number)				
Demolition #	EPA #	Hydrant #		
USA#	Air Board #	Other:		

Steps to be Performed	Tools/Equip	Hazards	Action to Control Hazard

My signature below confirms that the potential hazards associated with today's assignments have been discussed, and that I have no work-related accidents/injuries from the previous work day to report.

Crew Members		