

Pre-Task Plan Check List



Start Date	
End Date	
Crew Size	

Project Name: _____ Job #: _____

Crew Supervisor Review: _____

Coffman Project Superintendent Review: _____

Coffman Safety Review (If Applicable): _____

Be sure to ask the following during the evaluation of your work & check "Yes" or "No" as it applies to this task:

Will your work impact existing buildings or occupants?	Yes / No	Does this task involve a Permit Required Confined Space entry and do you have the correct equipment checked out and on site?	Yes / No
Is dust control needed?	Yes / No	Has a Utility Awareness Form been completed?	Yes / No
Does this task require any special permits or procedures?	Yes / No	Has a complete Hazard Analysis been done?	Yes / No
Have all locates been completed or refreshed?	Yes / No	Is this Pre-Task Plan at the work zone location?	Yes / No
Are Toxic or Hazardous chemicals in use? MSDS reviewed?	Yes / No	Do other subcontractors need to be involved?	Yes / No
Will weather conditions affect the safe completion of this work?	Yes / No	Has this PTP been reviewed with all participants?	Yes / No
Is the rigging your using tagged and in good condition?	Yes / No	Shields or Shores inspected and fit to use?	Yes / No
Does this task require special training? Is everyone trained?	Yes / No	Have all F5 Activities been identified?	Yes / No
Is your work space adequate for the size of equipment being used?	Yes / No		

Pre-Work Inspection completed for HAZARDOUS/Containing Materials _____ Yes / No _____

What area are you planning to begin work in/at? _____

Who, from your crew, is a Competent Person in Excavation? _____

Check if any of the following apply to the task being planned here (attach additional information as needed):

<input type="checkbox"/> Utility Awareness	<input type="checkbox"/> Hearing PPE	<input type="checkbox"/> Dust Control Measures/Equipment/Barriers
<input type="checkbox"/> Equipment Inspection	<input type="checkbox"/> Hand/Arm PPE	<input type="checkbox"/> Reviewed PTP w/ all crew members/sub-tiers
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Respirator	<input type="checkbox"/> Task lighting equipment
<input type="checkbox"/> Emergency spill-kits/response tools	<input type="checkbox"/> Full Body PPE	<input type="checkbox"/> Fall Protection PPE
<input type="checkbox"/> Barricades/Control Zones/Signage	<input type="checkbox"/> Hazard Com.	<input type="checkbox"/> Eye/Face PPE (Including Goggles)

The tasks for this PTP have been reviewed in the work area they will be performed and the workers on this crew have been through the required training.

General Contractor Signature: _____

Foreman's Signature: _____ Foreman's Phone #: _____

Crew Signature:

1	7
2	8
3	9
4	10
5	11
6	12



Project Name:

Pre-Task Plan Work Sheet

IF WORK CONDITIONS CHANGE WORK **MUST STOP** AND PRE-TASK UPDATED FOR CHANGING

CONDITION

REV DATE 6/27/2022