

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 Box "Yes" or "No" as it applies to this task:

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

