

Pre-Task Plan Playbook Skanska USA Inc.

As you know one of the themes for Safety Week 2009 is: "Think, Plan, and Prevent." I remain convinced that as we improve pre-task planning, not only in documentation, but with active, involved and engaged planning, we will continue to see reduction in accidents.

You will find attached to this document a collection of actual job site pre-task plans organized by division. Some are very minimal and some are outstanding, yet each of these represents the documentation side of what is being done at our projects. Of course the more crucial side of pre-task planning is how inter-active the discussion is, and that a true culture of planning is present at every project.

The idea behind this collection of pre-task plans is for you to use as a reference and a training aid at our projects. They are not meant to represent what should be done, but to demonstrate what is actually being produced at our projects today. Please feel free to use these as needed, and recognize that as we continue to improve our ability to plan at every project, we will absolutely continue to reduce accident frequency and severity, and we will achieve our goal of zero injuries!

Have a great and injury-free Safety Week!

Van

A handwritten signature in blue ink, appearing to read "Van", enclosed in a thin black rectangular border.

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- Division 8 - Doors and Windows
- Division 9 - Finishes
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- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: _____ Date: _____	Job Name: _____ Task Description: _____	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? _____ _____	Superintendent: _____ Foreman: _____ General Foreman: _____ Crew Members: _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____		

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- Division 16 - Electrical

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Rudy Elizondo</u> Date: <u>4/6/09</u>	Job Name: <u>La Joya High School</u> Task Description: <u>Housekeeping, guitar handrails</u>	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 PPE	1 Laides	1 PPE
2 Preparar material	2 Cortadas	2 Buenas practices de trabajo
3 Rensar herramienta	3 Tropiezos	3 No cambiar metodo de trabajo
4 Inspeccioner skytrak	4 Resbaladas	4 Blogurar area de trabajo estes necesario
5 Inspeccioner generador	5 Cargando cosas pesadas	5 Revisar area de trabajo
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Bentsen Palm Road</u>	Superintendent: <u>Jobel Salazar</u> Foreman: <u>Rudy Elizondo</u> General Foreman: <u>Rudy Elizando</u> Crew Members: <u>Francisco Montoya</u> <u>Gelecio Cuellan</u> <u>Isidio Escobar</u> <u>Jose Mozuera</u> _____ _____ _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: _____ Emergency Radio: <u>911</u> Fire: _____ Other: _____	Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Housekeeping		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Otis Giguatoa</u>	Job Name: <u>Greektown Casino</u>
Foreman Name: <u>Frank Watson</u>	Task Description: <u>Complete safety railings for elevator platform</u>
Date: _____	<u>Install Sky Climber and power cord</u>

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Install Sky Climber power cord	1	Fall hazard	1	Use safety harness
2	Install Sky Climber	2	Heavy machinery Cuts to hands Weight and sharp edges	2	Use proper technique Wear gloves
3	Install hand railing for elevator platform for A3 and A4	3	Use saw to cut wood	3	Use safety glasses and gloves when handling wood

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips

What permits are required for this task?
 Confined Space Hot Work Lockout/Tagout
 Other: _____

Will the removal of an existing guardrail or means of fall protection be required for this work?
 Yes No

Is there a potential fire, explosion, toxic or radioactive release hazard?
 Yes No

Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site?
 Yes No

Evacuation Route

What is your evacuation route and assembly point?

Main St. & St. Antione

Emergency Numbers

Emergency Phone: 911

Emergency Radio: _____

Fire: _____

Other: _____

Hazard Evaluation Tips

Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?

<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By
<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against
<input type="checkbox"/> Environmental/Airborne Release	<input type="checkbox"/> Fall/Slip/Trip
<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between
<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling
<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other

Signatures

Superintendent: _____

Foreman: Frank Watson General Foreman: _____

Crew Members: Doug Dowald Kw Haylaw Mark Crowe

Hazard Control Tips

Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.

<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods
<input type="checkbox"/> Isolation of hazard from worker	<input type="checkbox"/> Good work practices
<input type="checkbox"/> Substitution of hazard with less severe one	<input type="checkbox"/> Personal protective equipment
<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other

Housekeeping

Was site cleaned up and secured after work?
 YES NO

Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Jorge Rivas</u> Date: <u>3/31/09</u>	Job Name: <u>Isola Bela</u> Task Description: <u>Erection of Scaffold and Put on Debris Netting</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Go up with scaffold	1 Falling material	1 100% Tie off
2 Pack Material	2 Tripping	2 House keeping
	3 Pick points	3 Drink water
	4 Falling personnel	4 PPE
		5 Alertness

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Front Gate</u>	Signatures Superintendent: _____ Foreman: <u>Jorge Rivas</u> General Foreman: _____ Crew Members: <u>Chris Vargas</u> <u>Eric Sanford</u> <u>Jonathan Pitt</u> <u>Francisco Banks</u> <u>Daniel Riviera</u> <u>Davidson Allen</u> <u>Jeff Williams</u>
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Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Jorge Rivas</u> Date: <u>4/2/09</u>	Job Name: <u>Isola Bela</u> Task Description: <u>Erection of Scaffold and Put on Debris Netting</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Brought all the material from the building to the yard	1 Falling personnel	1 100% Tie off
	2 Tripping	2 House keeping
	3 Back injury	3 PPE

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route What is your evacuation route and assembly point? <u>Front Gate</u>	Signatures Superintendent: _____ Foreman: <u>Jorge Rivas</u> General Foreman: _____ Crew Members: <u>Chris Vargas</u> <u>Eric Sawford</u> <u>Jonathan Pitt</u> <u>Francisco Bawles</u> <u>David Riviera</u> <u>Davidson Allen</u> <u>Jeff Williams</u>	
Emergency Numbers Emergency Phone: <u>(281) 733-3421</u> Emergency Radio: <u>142*600*96</u> Fire: _____ Other: _____	<p style="text-align: center; background-color: #333; color: white; padding: 2px;">Housekeeping</p> Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Jorge Rivas</u> Date: <u>4/3/09</u>	Job Name: <u>Isola Bela</u> Task Description: <u>Erection of Scaffold and Put on Debris Netting</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Go up with scaffold	1 Tripping	1 100% Tie off
2 Pack material	2 Back injury	2 House keeping
	3 Falling material	3 PPE
	4 Falling personnel	4 Drink water

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Front Gate</u>	Signatures Superintendent: _____ Foreman: <u>Jorge Rivas</u> General Foreman: _____ Crew Members: <u>Chris Vargas</u> <u>Eric Sanford</u> <u>Jonathan Pitt</u> <u>Francisco Banks</u> <u>Daniel Riviera</u> <u>Davidson Allen</u> <u>Jeff Williams</u>
Emergency Numbers Emergency Phone: <u>(281) 733-3421</u> Emergency Radio: <u>142*600*96</u> Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Slack</u> Foreman Name: <u>Miguel Vega</u> Date: <u>3/25/09</u>	Job Name: <u>LBJ Hospital</u> Task Description: <u>Clear, Strip</u>	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Clear and stock pile	1 Gas line	1 Localize the gas line
	2 Electric line	2 Don't work too close to the electric line
2 Strip and stock pile	3 Burn cable underground	
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Lockwood Street</u>	Superintendent: _____ Foreman: <u>Miguel Vega</u> General Foreman: _____ Crew Members: <u>Daniel Anaya</u> <u>Joseph P. Vega</u> <u>Giovanni Banda</u> _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Slack</u>	Job Name: <u>LBJ Hospital</u>
Foreman Name: <u>Miguel Vega</u>	Task Description: <u>Clear, Cut</u>
Date: <u>3/26/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Clear, cut fill	1 Gas line	1 Localize the lines
2 Cut a pond	2 Electric lines	2 Caution in the line
3 Load at trees		

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input checked="" type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input checked="" type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input checked="" type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Lockwood Street</u>	Signatures Superintendent: _____ Foreman: <u>Miguel Vega</u> General Foreman: _____ Crew Members: <u>Daniel Anaya</u> <u>Joseph Apacheco</u> <u>Felipe Hernandez</u> <u>Giovanni Banda</u> <u>Benito Mata</u> <u>Jose Ava</u>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Slack Co.	Job Name: LBJ Hospital
Foreman Name: Guadalupe Hernandez	Task Description: Underground
Date: 3/30/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Excavation	1 Gas	1 Locate lines
	2 Power lines	
	3 Water line	

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ North parking lot _____	Signatures Superintendent: _____ Foreman: <u>Guadalupe Hernandez</u> General Foreman: _____ Crew Members: <u>Felipe Aconande</u> <u>Apolinar valerio</u> <u>Hector Hernandez</u> <u>Elder Holez</u> _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Slack Co.</u> Foreman Name: <u>Miguel Vega</u> Date: <u>3/30/09</u>	Job Name: <u>LBJ Hospital</u> Task Description: <u>Clear, Cut and Fill</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Clear, load the trees	1 Gas line 2 Electric lines	1 Localize the electric and gas lines

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other <hr/> Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route	Signatures
What is your evacuation route and assembly point? <u>Lockwood Street</u>	Superintendent: _____ Foreman: <u>Miguel Vega</u> General Foreman: _____ Crew Members: <u>Juan Zumaga</u> <u>Jose Ava</u> <u>Giovanni Banda</u> <u>D. Araya</u>
Use the Back of this Form to List Any Additional Steps and Other Information	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Slack Co.</u> Foreman Name: <u>Miguel Vega</u> Date: <u>4/1/09</u>	Job Name: <u>LBJ Hospital</u> Task Description: <u>Clear, cut and fill</u>	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Load trees	1 Electric line	1 Caution to digger
2 Cut and fill	2 Gas line	2 Localize the line
3 Load trucks with dirt		
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input checked="" type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input checked="" type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input checked="" type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input checked="" type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Lockwood Street</u>	Superintendent: _____ Foreman: <u>Miguel Vega</u> General Foreman: _____ Crew Members: <u>Juan Zuniga</u> <u>Jose Ava</u> <u>Giovanni Banda</u> <u>D. Aruya</u>	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Central Backlee</u>	Job Name: <u>Methodist Stone Oak Hospital</u>
Foreman Name: <u>Bubba Lanphise</u>	Task Description: <u>Curb Inlets</u>
Date: <u>12/1/08</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Adjust curb inlets	1 Damaged chains	1 Inspect chains
2 Backfill		2 Use proper equipment

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>East parking lot</u>	Signatures Superintendent: <u>Bubba Lanphise</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Ruben Rivera</u> <u>Brandon Soto</u> <u>Ryan Sanders</u> <u>Alberto Flores</u> <u>Gustavo de la Cruz</u> _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Wright Bros.</u>	Job Name: <u>BCBS</u>
Foreman Name: <u>Steven Ball</u>	Task Description: <u>Grading</u>
Date: <u>3/9/08</u>	

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Loading Dirt	1	Swing radius – pinch point	1	Stay out of the swing radius, never overturn. Keep driver in truck.
2	Dumping dirt	2	Rollover, congested area	2	Spotter when needed, dump on level ground
3	Digging or grading	3	Congested area	3	Spotter and good eye contact Give one call
4	Getting on and off machines	4	Slippery conditions	4	3 points of contact, keep steps clean

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					
<p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																						

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point? <u>BCBS</u></p>	<p>Signatures</p> <p>Superintendent: _____</p> <p>Foreman: <u>Steven Ball</u> General Foreman: _____</p> <p>Crew Members: <u>Dan Browning</u> _____ <u>John Pizzaro</u> _____</p>
<p>Emergency Numbers</p> <p>Emergency Phone: <u>421-1144</u></p> <p>Emergency Radio: _____</p> <p>Fire: <u>911</u></p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Pre-Task Plan Playbook Table of Contents

- Division 1 - General Requirements
- Division 2 - Site Construction
- Division 3 - Concrete
- Division 4 - Masonry
- Division 5 - Metals
- Division 6 - Wood and Plastics
- Division 7 - Thermal and Moisture Protection
- Division 8 - Doors and Windows
- Division 9 - Finishes
- Division 10 - Specialties
- Division 11 - Equipment
- Division 12 - Furnishings
- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Diamond Concrete Sawing</u>	Job Name: <u>BCC HS</u>
Foreman Name: <u>Jason Jordan</u>	Task Description: <u>Concrete Sawing: Drilling</u>
Date: <u>5/20/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Lifting and adjusting materials and equipment	1 Muscle strain, pinch points	1 Proper lifting techniques, work gloves, PPE
2 Concrete equipment to electric power	2 Shock	2 Inspect tools prior to use, GFCI, Dielectric gloves if cutting conduit
3 Use hydraulic power pack	3 Hydraulic leaks, slips/falls	3 Inspect hydraulic hoses, ensure hydraulic couplings are connected properly
4 Core/saw concrete	4 FOE, Noise 80db, dust, slip	4 Proper PPE, apply H2O to cut, vacuum slurry
5 Remove cores from floor	5 Strains, open hole	5 Proper lifting, cover holes, red tape work area

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No **See AMS site trailer	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input checked="" type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other <hr/> Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Skanska site trailer</u>	Signatures Superintendent: <u>Jason P. Jordan</u> Foreman: _____ General Foreman: _____ Crew Members: _____ _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Emergency Numbers	
Emergency Phone:	<u>911</u>
Emergency Radio:	<u>911</u>
Fire:	<u>911</u>
Other:	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Precision	Job Name: Georgia Military College
Foreman Name: McCarty	Task Description: Unload Rebar
Date: 4/13/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Climbing trailer	1 Fall	1 3 points of contact
2 Moving steel	2 Hit by Cuts to hands	2 Proper rigging Stand "clear" of load Gloves

Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other <hr/> Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route What is your evacuation route and assembly point? _____ Main gate	Signatures Superintendent: <u>D. McClarty</u> Foreman: _____ General Foreman: <u>Marcos Colandre</u> Crew Members: <u>Ricardo Castillo</u> <u>Wil Antonio Gaby</u> <u>William Bryant</u> <u>Nathan Morrow</u> <u>Olvin Caliz</u>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: <u>911</u> Fire: <u>911</u> Other: _____	Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: Manuel Del Rio Date: 6/10	Job Name: _____ Task Description: Formear la pared y chapear-rubear Limpiar el area de trabajo
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Formear la pared	1 Se puede caer la persona que esta trabajando arriba	1 Sujetandose con las 2 lineas de arnes y la cadena estando 6' arriba del suelo
2 Chapear y rubear otra	2 Puede perder un ojo o dañarse los pulmones o oides	Debe usar lentes de proteccion o careta y mascarilla para el polvo y usar earplugs
3 Limpiar el trabajo	3 Se puede enterrar un clavo o caer con material tirado	Tener cuidado donde pisa y poniento cada material en respectiva area o tirarlo al dumpster

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Evacuation Route What is your evacuation route and assembly point? _____ _____ Emergency Numbers Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____	Signatures Superintendent: <u>Don McCorty</u> Foreman: <u>Manuel Del Rio</u> General Foreman: _____ Crew Members: <u>Carlos Lopez</u> <u>Emirdio Peres</u> <u>Omar Herrera</u> <u>Jose Del Rio</u> _____ _____ _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>J Luis Resendiz</u> Date: <u>5/18/09</u>	Job Name: <u>GMC</u> Task Description: <u>Alistar la tierra para la grava</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Alistar el piso	1 La bobcat	1 Estar alejando de la maquina
2 Alistar footings	2 Tractor	2 Poner sinta de peligro
3 Poner plastico	3 Nabajes cortantes	3 Poner atencion lo quechase

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>La puerta principal</u>	Signatures Superintendent: _____ Foreman: <u>Luis Resendiz</u> General Foreman: _____ Crew Members: <u>Juan Resendiz</u> <u>Mario Resendiz</u> <u>Carlos Lopez</u> <u>Sergio Gomez</u> <u>Manuel Del Rio</u> _____ _____
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Use the Back of this Form to List Any Additional Steps and Other Information

Job Hazard Analysis

Construction Phase: **Post Tension Cable Installation**

Project: _____

Contractor: _____

Location: _____

Contractor Number: _____

Estimated Start Date: _____

Operation:	Hazard:	Action to be taken:	
1 Receiving Material	1.1 Material falling off the truck	1.1.1 Inspect the load prior to releasing tie down straps. Look for shifted material or additional stress on straps.	
		1.1.2 Stand clear of straps and loads while releasing tension on the tie downs.	
		1.1.3 Use a forklift or crane to hold materials that have shifted while releasing tie downs.	
	1.2 Rigging failure	1.2	1.2.1 Inspect all rigging prior to use.
			1.2.2 Establish weight of materials prior to hoisting.
			1.2.3 Ensure manufacturers tag is on the rigging and the rigging is sufficient for the loads intended.
			1.2.4 Rigging without manufacturers tag must be removed from service and destroyed.
			1.2.5 Rigging worn or damaged beyond the manufacturers specifications shall be removed from service and destroyed.
			1.2.6 Rigging shall be performed by a qualified rigger trained in the work to be performed.
	1.3 Personnel injured by forklift operation	1.3	1.3.1 Only qualified trained operators shall operate equipment. Each person authorized to operate equipment shall have documentation of qualifications filed with the site safety supervisor.
	1.4 Back injury	1.4	1.4.1 Workers must be trained in proper body mechanics for lifting and moving heavy materials.
			1.4.2 Workers must use equipment to move heavy loads to the greatest extent possible.

Operation:	Hazard:	Action to be taken:		
2 Storage of materials	2.1 Material falling from improper stacking	2.1.1 All material shall be stacked and/or stored in a secure manor to prevent tipping over.		
		2.1.2 Material should be stored in areas away from main vehicular traffic.		
		2.1.3 Materials should be monitored on a regular basis to look for potential hazards. Hazards must be corrected immediately.		
	2.2 Structural failure of forms or storage surface	2.2.1 Know established load limits of forms and surfaces where materials will be stored and do not exceed limits.		
		3 Installing cables	3.1 Back and/or personal injuries	3.1.1 Personnel shall be trained in proper body mechanics for lifting and handling of cables.
				3.1.2 Workers should wear gloves to the greatest extent possible
3.1.3 Heavy or awkward loads must not be handled by a single worker. Use mechanical equipment to the best advantage and/or get help from a coworker.				
3.2 Rigging failure	3.2.1 Know established weights of materials to be hoisted or moved.			
	3.2.2 Inspect rigging prior to use. Remove from service and destroy and rigging not meeting the manufacturers specifications.			
	3.2.3 Materials must be rigged by a qualified rigger.			
3.3 Personnel being struck by cable ends	3.3 Personnel being struck by cable ends	3.3.1 Worker installing cables must be aware of cable ends and the potential hazard which exists.		
		3.3.2 Workers should tie the free end of the cable to the cable prior to beginning the installation. End should remain tied until cable is rolled out in its entirety and a controlled release can be implemented.		
		3.4 Personnel injured while moving or relocating re-steel	3.4 Personnel injured while moving or relocating re-steel	3.4.1 Workers required to relocate re-steel must use extreme caution to prevent personal injury.
3.4.2 Workers must use levers and lifting devices to the greatest extent possible to help prevent back injuries.				
3.4.3 Re-steel may need to be untied, moved and retied rather than trying to move whole units.				

Operation:	Hazard:	Action to be taken:
	3.5 Cable sheath being nicked or cut	3.5.1 All workers assigned to work in the area where cables are installed shall be trained in the potential hazards associated with a cable that has been damaged.
		3.5.2 Workers and inspector shall inspect all cables prior to the placing of concrete and damaged cables shall be repaired per manufacturer's recommendations.
		3.5.3 Any worker knowingly damaging a cable shall immediately notify the foreman responsible for the post tensioning operation so repairs can be made.
4 Stressing of cables	4.1 Equipment failure	4.1.1 Workers authorized to stress cables shall be trained in the proper use and function of all equipment.
		4.1.2 All equipment shall be properly inspected and tested by an independent agency prior to being placed into service on the job.
		4.1.3 All equipment shall be compatible with each other and/or marked so crews know exactly which units are compatible.
		4.1.4 Equipment shall be inspected daily prior to start of work.
		4.1.5 Equipment repairs shall only be performed by qualified technicians under controlled conditions.
	4.2 Unauthorized personnel in the work zone	4.2.1 Warning lines and signs shall be installed to isolate the area immediately involved with the stressing cables.
		4.2.2 A safety meeting shall be held for all hands on the project to discuss the hazards of stressing cables. Workers shall be instructed to stay out of areas marked with warning lines and signs.
		4.2.3 Workers assigned to perform the stressing operation shall watch out for unauthorized workers walking into the area.
	4.3 Personal injury (back, hands, eyes)	4.3.1 Workers shall be provided and shall wear all appropriate personal protective equipment. Specifically eye protection, gloves and a hard hat.
		4.3.2 Workers shall work in pairs and assist each other in the lifting and moving of heavy equipment.

Operation:	Hazard:	Action to be taken:
		<p>4.3.3 Workers assigned to operate the ram shall be physically capable of handling the unit and knowledge in the proper operation of the ram.</p> <p>4.3.4 Workers shall never stand in such a position as to be in the direct line with the cable being stressed.</p> <p>4.3.5 Workers shall never stand directly over the ram or the cable during the stressing operation.</p>
	<p>4.4 Cable breaking</p>	<p>4.4.1 Workers shall inspect cable, wedges, and head prior to stressing.</p> <p>4.4.2 Cables shall not be stressed past the recommended levels outlined by the structural engineer.</p> <p>4.4.3 Any cable piled beyond the recommended limits shall be marked and the engineer notified. The onsite inspector shall be notified immediately to establish a plan of action.</p>
	<p>4.5 Cable breaking through the slab surface</p>	<p>4.5.1 Warning lines shall be established on the slab to isolate the area where stressing is in progress.</p> <p>4.5.2 No workers shall be allowed to be on the slab and inside of the warning lines while cables are being stressed unless directly involved with the stressing operation.</p> <p>4.5.3 No worker shall be within 5 feet of either said of the cable being stressed.</p>
	<p>4.6 Re-stressing of cable after initial stressing and set</p>	<p>4.6.1 Re-stressing of cables should not be performed without the knowledge and permission of the site inspector and/or structural engineer.</p> <p>4.6.2 The lead person on the stressing crew should be the person in charge of the operation and shall directly oversee all work.</p>
<p>5 Cutting excess cable</p>	<p>5.1 Sparks and/or cable falling in workers below</p> <p>5.2 Cable becoming de-stressed</p>	<p>5.1.1 Flag off the area directly below the area being worked. Post signs notifying workers of “<i>Workers Overhead</i>”</p> <p>5.1.2 Fire watch may need to be placed below the work area to ensure unauthorized workers do not enter the area.</p> <p>5.2.1 Worker assigned to burn off cable ends shall be properly trained in the work. He/she shall be knowledgeable in the sign and warnings of a potential failure.</p>

Operation:	Hazard:	Action to be taken:
	5.3 Fire	<p>5.3.1 A fire extinguisher shall be immediately available (within 20' of the torch while burning)</p> <p>5.3.2 The worker shall be properly trained in the use and operation of the extinguisher.</p> <p>5.3.3 A fire watch may be necessary on levels below the actual work area.</p> <p>5.3.4 All combustible materials shall be removed or protected from flames and sparks.</p> <p>5.3.5 All burning shall be stopped 30 minutes prior to the end of the shift and the fire watch shall remain on duty till the end of the shift.</p>
6 Slab work after concrete has been placed	6.1 Drilling, cooling and/or sawing	<p>6.1.1 No drilling, coring and/or sawing shall be performed without the written permission of the Skanska Superintendent or his designated representative.</p> <p>6.1.2 The location of cables shall be made known by means of nondestructive testing such as x-ray prior to the start of work.</p>
	6.2 Powder actuated fasteners	<p>6.2.1 Powder actuated tools shall not be allowed on this project without the knowledge of the Skanska Superintendent or his designated representative.</p>
7 Post tension investigation and repair	7.1 Cable and its components exiting the slab via path of least resistance (path unknown) and coming into contact with employees	<p>7.1.1 Personnel shall be trained in proper body mechanics for lifting and handling cables.</p> <p>7.1.2 Workers should wear gloves to the greatest extent possible.</p> <p>7.1.3 Workers relocating post tension cables must use extreme caution to prevent personal injury.</p> <p>7.1.4 All workers assigned to work in the area where cables are installed shall be trained in the potential hazards associated with a cable that has been damaged.</p> <p>7.1.5 Workers authorized to work with the stressed cables shall be trained in the proper use and function of all equipment.</p> <p>7.1.6 Warning lines and signs shall be installed to isolate the area immediately involved with the post tensioned cables.</p>

Operation:	Hazard:	Action to be taken:
		7.1.7 A safety meeting shall be held for all hands on the project to discuss the hazards of the cables. Workers shall be instructed to stay out of areas marked with warning lines and signs.
		7.1.8 Workers assigned to perform the operation shall watch out for unauthorized workers walking through the area.
		7.1.9 Workers shall be provided and shall wear all appropriate personal protective equipment. Specifically eye protection, gloves and a hard hat.
		7.1.10 Workers shall never stand in such a position as to be in direct line with the cable being stressed.
		7.1.11 As a protocol mild reinforcement per structural should be reviewed and inspected and found to be in place by the engineer of record or his representative.
		7.1.12 Any alterations or repairs should have a full engineer of record prior to work commencing.
		7.1.13 A 5"x5" steel plate should be placed on concrete directly in the line of cable to be stressed during repairs.
		7.1.14 Always use remote controls provided while stressing.

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Jollay Masonry</u>	Job Name: <u>Georgia Military College</u>
Foreman Name: <u>Charlie Richardson</u>	Task Description: <u>Laying CMU Foundation</u>
Date: <u>5/12/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Laying CMU, housekeeping	1 Falls/trips/slips	1 Good work practice
2 Moving materials		2 PPE
3 Lay outs & Chalk lines		

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Report to entrance gate inside of fence</u> _____ _____	Signatures Superintendent: <u>Charlie Richardson</u> Foreman: <u>William McDaniell</u> General Foreman: _____ Crew Members: <u>Charlie Richardson</u> <u>Timothy A. Brown</u> <u>Tracey Carver</u> <u>Bill Novinger</u> _____ _____ _____ _____
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Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Bas Masonry	Job Name: Music Building
Foreman Name: Atilano Limon	Task Description: Brick Laying
Date: _____	_____

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Assembling scaffolds	1 Falls/ slips/ trips	1 Use proper safety equipment: harness/ glasses
2 Laying brick	2 Falls/ debris/ cuts/ falling debris	2 Wear proper PPE: glasses/ gloves/ harness Tape area for falling debris
3 Mixing mortar	3 Debris	3 Wear glasses/ dust mask/ shield
4 Cutting brick	4 Cuts/ debris	4 Use proper PPE: glasses/ shield/ gloves
5 Operating	5 Run into other equipment of pedestrians Fall off machine	5 Use spotter to watch out for surrounding machines and pedestrians

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? Meet in front of building	Signatures Superintendent: <u>Sergio Lopez</u> Foreman: <u>Atilano Limon</u> General Foreman: <u>Ignacio Baraga</u> Crew Members: <u>Jaime Gonzalez</u> <u>Jose R. Valdez</u> <u>Raul Hernandez</u> <u>Erasmus Garcia</u> <u>Luis Wagner</u> <u>Juan Hernandez</u> <u>Jeremiah S.</u> <u>Jorge Gonzalez</u> <u>Martin Ledezma</u>
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Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Bamfield	Job Name: CSU
Foreman Name: _____	Task Description: Lay Brick
Date: 5/7/08	_____

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Build scaffold	1 Falls	1 Proper training and install
2 Mix mortar	2 Dust	2 100% PPE
3 Cut brick	3 Chips and dust	3 Wet cut and 100% PPE
4 Stock scaffold	4 Back injury	4 Proper lifting technique

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ _____	Signatures Superintendent: _____ Foreman: <u>JRB</u> General Foreman: _____ Crew Members: <u>Leon Enriquez</u> <u>Jose Austico</u> <u>Pablo Camareno</u> <u>Romal Ortiz</u> <u>Leon Austico</u> <u>Rocky Austico</u> <u>Marcos Garcia</u> <u>Zack Typer</u> <u>Lugio Austico</u> <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>H&R Industrial</u>	Job Name: <u>BCBS</u>
Foreman Name: <u>Randy McCarty</u>	Task Description: <u>Tube Steel for Video Screen</u>
Date: <u>3/16/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Go over pre-task		
2 Get permits signed	2 Material handling	2 PPE
3 Weld in angle iron supports		3 PPE

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Parking lot, front building 1</u>	Signatures Superintendent: <u>Randy McCarty</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Steve Sour</u> <u>Chad Crumples</u> <u>Dale Bugett</u> _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Emergency Numbers	
Emergency Phone:	<u>Earlanger</u>
Emergency Radio:	_____
Fire:	_____
Other:	_____

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Dixie Erectors	Job Name: Clayton State
Foreman Name: Kenny	Task Description: Steel Erection
Date: 4/21/08	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Erect Steel	1 Fall	1 100% tie off, PPE
2 Weld	2 Burn	2 PPE, gloves

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ _____	Signatures Superintendent: <u>Kenny Cauthon</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Victor Lopez</u> <u>James Bates</u> <u>Ricardo Pantoja</u> <u>Ruben Ramirez</u> <u>Jeremy Kelly</u> <u>Jeff Meddons</u> _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
Emergency Numbers Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____	

Job Hazard Analysis

Construction Phase: **Burning, Welding, Soldering**

Project: _____

Contractor: _____

Location: _____

Contractor Number: _____

Estimated Start Date: _____

Operation:

Hazard:

Action to be taken:

1. Burning and grinding

1.1 Fires

1.1.1 Remove all flammable materials from the immediate area.

1.1.2 Control direction of sparks.

1.1.3 Position compressed gas bottle and hoses in a location away from sparks and flames.

1.1.4 Use back flow preventers at the tank valves.

1.1.5 Have fire extinguishers immediately available.

1.1.6 Provide a fire watch if combustibles exist in area.

1.1.7 Stop all burning operations 60 minutes before end of shift and review area for smoldering embers before leaving area.

1.1.8 All grinders will be equipped with wheel guards to control sparks.

1.2 Burns to body parts

1.2.1 Natural fiber or fire retardant clothing should be worn. (cotton, wool, leather)

1.2.2 Protective leather gloves will be worn.

1.2.3 Protective eye wear approved for burning must be worn. (standard sunglasses are not adequate)

1.3 Cuts and abrasions

1.3.1 All grinders will be fitted with guard per manufacturer's recommendations.

1.3.2 Protective clothing will be worn.

1.3.3 Maintain two hands on grinder at all times.

Operation:	Hazard:	Action to be taken:
	1.4 Breaking or shattering of grinding wheel	1.4.1 Inspect grinding wheels for RPM rating and use only wheels designed for grinder being used.
		1.4.2 Inspect grinding wheel for possible cracks, breaks and fractures; replace if necessary
		1.4.3 Bring grinding wheel to full RPM slowly while holding grinder in a position away from body.
		1.4.4 Inspect grinder and grinding disk/wheel if dropped.
		1.4.5 Never strike grinding wheel with a sharp or hard implement
		1.4.6 Wear a face shield while grinding or have welding hood down with safety glasses so that the visor can be up.
	1.5 Leaking glass	1.5.1 Store all tanks with a protective cap installed and valves closed.
		1.5.2 Secure all fittings to snug; do not over tighten.
		1.5.3 Protect hoses from vehicular traffic and potential impact from foreign objects.
		1.5.4 Inspect all hoses prior to start of work; use only hoses in good repair and those designed for specific purpose intended.
	1.6 Oil on oxygen tank or fittings	1.6.1 Oxygen cylinders, cylinder valves, couplings, regulators, hose and apparatus should be kept free from and away from oil and gases.
		1.6.2 Store torches, hoses and tanks away from potentially hazardous oil.
		1.6.3 Remove heavy leather gloves prior to changing valves, hoses or adjusting fittings.
	1.7 Explosion when igniting torch	1.7.1 Use only approved spark lighters (never use a butane lighter)
		1.7.2 Ignite torch by opening gas valve before oxygen valve.
	1.8 Damage to and from compressed gas cylinders	1.8.1 Always store cylinder in the full upright position, with protective caps installed, and secured to prevent falling, tipping or dislodging.

Operation:	Hazard:	Action to be taken:
2. Welding	2.1 Fires	<p>1.8.2 Gas and oxygen cylinders must be stored with a minimum separation of 20' or a non-combustible barrier at least 5' high and rated at least ½ an hour.</p> <p>1.8.3 All empty cylinders must be stored with valve closed to prevent moisture accumulation in cylinder.</p> <p>1.8.4 Transporting of cylinders shall only be done with valves closed and protective caps securely in place.</p> <p>1.8.5 Transport cylinders only in specially designed cradles, platforms or boxes; slings, hooks or electro magnets shall not be used.</p> <p>1.8.6 Never strike an arc on a compressed gas cylinder.</p> <p>1.8.7 Monitor all cylinders for damage and report damage to suppliers.</p>
		<p>2.1.1 Remove all flammable/combustible materials from the immediate area.</p> <p>2.1.2 Have fire extinguisher immediately available.</p> <p>2.1.3 Provide a fire watch if combustibles exist in area.</p> <p>2.1.4 Use fire retardant blankets when possible to control sparks and slag.</p> <p>2.1.5 Stop all welding 60 minutes before end of shift and review area for smoldering embers before leaving area.</p>
	2.2 Electric shock	<p>2.2.1 Assured grounding plan shall be in place and all equipment tested and marked per plan.</p> <p>2.2.2 Perform daily inspection of all equipment prior to start of work: any equipment found in disrepair will be immediately taken out of service.</p> <p>2.2.3 Do not weld while standing in water, or if clothing and/or gloves are wet. Wear rubber gloves under leather gloves on wet days.</p> <p>2.2.4 Ensure proper grounding of all equipment and work.</p> <p>2.2.5 Pipelines containing gases or flammable liquids or conduits containing electrical circuits shall not be used as a ground.</p>

Operation:	Hazard:	Action to be taken:
		2.2.6 When electrode holders are left unattended, the electrode shall be removed and the holders so placed or protected that they cannot make electrical contact with personnel or conducting objects.
	2.3 Explosions	2.3.1 Disposable butane pocket lighters are not allowed around any "hot work"
		2.3.2 Do not weld or use arc gouging equipment whenever the smell of propane, acetylene or any other fuel or gas is present; determine cause and correct.
		2.3.3 Never strike an arc on a compressed gas cylinder.
		2.3.4 Never use a compressed gas cylinder for a work bench.
	2.4 Burns	2.4.1 Wear protective leather gloves, coats, etc.
		2.4.2 Avoid wearing polyester clothing (it melts); wear natural fibers (cotton, wool)
		2.4.3 Wear high top boots to prevent slag from falling on shoes.
		2.4.4 Wear trousers without a cuff.
		2.4.5 Wear approved eye protection (standard sunglasses are not adequate)
		2.4.6 Use extreme caution when preheating if required.
	2.5 Arc radiation burns	2.5.1 Wear protective clothing to cover all exposed skin.
		2.5.2 Wear only approved eye protection designed for the work being performed.
		2.5.3 Provide flash shields at welding operations when possible to protect adjacent workers.
	2.6 Inhalation of toxic fumes	2.6.1 Provide and utilize appropriate respiratory protection as necessary.
		2.6.2 Review potential hazards associated with welding operations (i.e. galvanizing, stainless steel, etc.)
		2.6.3 Provide adequate ventilation.

Operation:

Hazard:

Action to be taken:

2.7 Falls

2.6.4 Avoid breathing fumes by placing head up wind from the smoke.

2.7.1 Refer to fall protection work plan for all fall hazards 6' or greater.

2.8 Material in eye

2.8.1 Wear safety glasses under welding hold. Do not remove slag without protecting eyes.

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Doug Dudley</u> Date: <u>3/26/09</u>	Job Name: _____ Task Description: <u>Install Break Room Cabinets</u>
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List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Unload and stage cabinets in work area	1 Strains from lifting	1 Use proper lifting procedures. Use carts to transfer materials when possible.
2 Place upper and lower cabinets	2 Potential for upper cabinet to fall without proper support	2 Make sure installer has adequate help when installing upper cabinets. Install all mounting screws while additional help is available.
3 Install counter tops	3 Use of saw while fitting tops to lower cabinet	3 Make sure all guards are in place prior to operating saw. Make sure gloves are used during process. Have material properly supported during cutting.
4 Ladder use while installing cabinets	4 Falls	4 Make sure ladder is positioned properly to avoid over reaching.

Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Evacuation Route What is your evacuation route and assembly point? <u>Same as job posting</u>	Signatures Superintendent: _____ Foreman: <u>Doug Dudley</u> General Foreman: _____ Crew Members: _____ _____ _____	
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: <u>911</u> Other: _____	Use the Back of this Form to List Any Additional Steps and Other Information	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>On Site Wood Work</u>	Job Name: <u>Blue Cross Blue Shield TN</u>
Foreman Name: <u>Craig Fader</u>	Task Description: <u>Install 1x2 blocking between walls and window mullions in building 1</u>
Date: <u>3/17/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Install 1x2 blocking	1 Fall off ladder	1 Keep ladder fully open and stable

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Service level exit into loading dock – meet in front of</u> <u>Building 1</u>	Signatures Superintendent: <u>Craig Fader</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Robert Hight</u> _____ _____ _____
Emergency Numbers Emergency Phone: <u>555-618-4229</u> Emergency Radio: <u>154*21*59213</u> Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Superior Roofing Foreman Name: Terry Asbury Date: 5/19/08	Job Name: CSU – Student Activity Center Task Description: Roofing	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Set perimeter	1 Falling from edge	1 Safety ropes
2 Install cap sheet	2 Watch for knife cuts	2 Wear gloves
3 Torch cap sheet	3 Being burned	3 Wear gloves and good boots
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? Go to office trailer and lock gate _____ _____	Superintendent: <u>Terry Asbury</u> Foreman: <u>Roberto Delgado</u> General Foreman: _____ Crew Members: <u>Vladimir Alvarez</u> _____ <u>Cedric Jones</u> <u>Hayden Smith</u> _____ _____ _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Superior Roofing	Job Name: CSU – Student Activity Center
Foreman Name: Julio Benitez	Task Description: Roofing
Date: 4/17/08	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Install iso plates	1 Falling from building	1 Safety lines
2 Install base and plates	2 Material falling	2 Stack material securely
3 Weld base sheet	3 Burn from welder	3 Wear gloves and good boots

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point? Go to office trailer and close gate _____ _____</p> <p>Emergency Numbers</p> <p>Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____</p>	<p>Signatures</p> <p>Superintendent: _____</p> <p>Foreman: _____ General Foreman: <u>Julio Benitez</u></p> <p>Crew Members: <u>Cedric Jones</u> <u>Roberto Delgado</u> <u>Martin A. Barilla</u> _____ <u>Luis A. Villatodo</u> <u>H. Benitez</u> _____ _____ _____</p> <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: MSD	Job Name: UTB – TSC Music Building
Foreman Name: Kyle Berry	Task Description: Steel Erection (jambs)
Date: 3/25/09	

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Install curtain wall jambs at 30'8" elevation	1	Falling material / overhead work Fall hazard / hot work	1	Barricade area / 100% tie off / post fire watch
2	Install curtain wall heads at 20'8" elevation	2	Hot works and falls	2	Fire watch, install red tape at work area and 100% tie off
3	Weld out at curtain wall locations	3	Falling sparks, electric shock Lift dangers and fall	3	Be alert, wear good gloves, tie off, watch before going up and down

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input checked="" type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input checked="" type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input checked="" type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input checked="" type="checkbox"/> Moving Object/Equipment</td> <td><input checked="" type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hazardous Substance</td> <td><input checked="" type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input checked="" type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input checked="" type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input checked="" type="checkbox"/> Fall/Slip/Trip	<input checked="" type="checkbox"/> Moving Object/Equipment	<input checked="" type="checkbox"/> Caught In/Between	<input checked="" type="checkbox"/> Hazardous Substance	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input checked="" type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input checked="" type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>																						

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point? _____ Parking lot</p>	<p>Signatures</p> <p>Superintendent: _____</p> <p>Foreman: <u>Kyle Berry</u> General Foreman: _____</p> <p>Crew Members: <u>Gabriel Gonzales</u> <u>Sean Taylor</u> <u>Lyle Avalez</u> <u>Bill Vaughn</u> <u>Dennis Lindgren</u> <u>Alex Arroyo</u></p>
<p>Emergency Numbers</p> <p>Emergency Phone: 911</p> <p>Emergency Radio: _____</p> <p>Fire: 911</p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Jamco</u> Foreman Name: <u>Bill Browder</u> Date: _____	Job Name: <u>BCBS</u> Task Description: <u>Glaziers</u>
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List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Punch	1	Fall	1	Life line
2	Glaze #1	2	Fall / cut	2	Life line / gloves
3	Glaze rec	3	Cut	3	Gloves

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Housekeeping		
Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Stairs / parking</u>	Superintendent: <u>Bill Browder</u> Foreman: <u>Ignasso Silva</u> General Foreman: _____ Crew Members: _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>555-456-4857</u> Emergency Radio: <u>7</u> Fire: <u>911</u> Other: _____		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: _____ Foreman Name: <u>Albert W</u> Date: <u>3/17/09</u>	Job Name: <u>W School</u> Task Description: <u>Hang / install hardware on steel doors in masonry openings</u>
--	--

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Drill/tap holes in top of frame for hardware	1 Hot metal shavings cause burns to skin and will cause severe eye injuries	1 Use arm protection, button shirt completely so shavings don't burn upper body, use eye protection with side shields. Full face shield will work best. Position body to the side of work as much as possible.
2 Using electric drill / tools	2 Electric shock	2 Ensure that GFIC boxes are used and that they have been tested (push the test button several times). Inspect cords for damage and/or missing ground pins
3 Using forklift to bring doors from trailer to the building	3 Untrained operator, uneven terrain and load shifting	3 Ensure that our operator has been trained on this specific type of forklift. Complete our daily forklift inspection. We will secure the load with a ratchet strap and we will have a designated spotter to keep other employees safe.

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other <hr/> Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Follow Skanska's plan that is posted throughout the site. The trailer compound is the meeting and headcount area</u>	Signatures Superintendent: _____ Foreman: <u>Albert W.</u> General Foreman: _____ Crew Members: _____ _____ _____ _____
Emergency Numbers Emergency Phone: <u>404-xxx-xxxx</u> Emergency Radio: _____ Fire: <u>911</u> Other: _____	Use the Back of this Form to List Any Additional Steps and Other Information

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Rosing</u>	Job Name: <u>Office Remodel</u>
Foreman Name: <u>Danny Trim</u>	Task Description: <u>Paint perimeter offices</u>
Date: <u>3/26/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Prime walls	1 Trip hazard with bucket	1 Keep paint bucket close to wall out of foot traffic
2 Cut in	2 Working off of scaffolding/falls	2 Lock wheels on painters scaffold. Do not walk scaffold while painting.
3 Finish paint	3 Paint splatters getting into eyes	3 Use eye protection during all phases to keep paint out of eyes.

Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: <u>Proper scaffold use</u> Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input checked="" type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route	Signatures
What is your evacuation route and assembly point? <u>Same as job posting</u>	Superintendent: _____ Foreman: <u>Danny Trim</u> General Foreman: _____
Emergency Numbers	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Marek Interior Systems</u>	Job Name: <u>Blue Cross Blue Shield</u>
Foreman Name: <u>Martin Martinez</u>	Task Description: <u>Interior Build Out</u>
Date: <u>3/16/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Shoot track	1 Hearing and eye hazard	1 Wear face shield, safety glasses, ear plugs
2 Hand drywall	2 Back strains	2 Stretch and flex exercise
3 Cutting studs	3 Eye, hand, hearing	3 Gloves worn, proper lifting procedure
4 Clean up of building area	4 Hand and back strains	4 Gloves worn, proper lifting procedure
5 Frame exterior (boomwork)	5 Fall hazard!!	5 Must wear safety harness and tie off!
6 Finishing columns	6 Glass crates	6 Have crates moved
7 Installing grid and tile	7 Holes in access floor	7 Schedule work away from cones or perimeters
8 No eating, drinking, smoking or using bathrooms in building		

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Nearest safe exit from building</u> <u>Meet at Marek container box</u>	Signatures Superintendent: <u>Will Perkins</u> Foreman: <u>Martin Martinez</u> General Foreman: _____ Crew Members: _____ _____ _____
Emergency Numbers Emergency Phone: <u>411</u> Emergency Radio: <u>Channel 1</u> Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Marek Brothers</u>	Job Name: <u>Music Building</u>
Foreman Name: <u>Pablo Lucio</u>	Task Description: <u>Interior framing, insulation and sheetrock</u>
Date: <u>4/1/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Metal stud framing	1 Shard edges	1 Gloves
2 Shop saw cutting stud	2 Metal dust and loud noise	2 Face shield and ear plugs
3 Hilti 120 pinning down track	3 Loud noise	3 Ear plugs
4 Wood blocking at stairs	4 Wood dust	4 Face mask
5 Scissor lift	5 Right area	5 Careful
6 Insulation	6 Fly glass	6 Face mask
7 Clean up	7 Stud and sheetrock	7 Trash dumpster

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>gate</u>	Signatures Superintendent: _____ Foreman: <u>Pablo Lucio</u> General Foreman: _____ Crew Members: _____ _____ _____ _____
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: <u>Call your safety person</u>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Schnurr Inc.	Job Name: St. Davids 2 nd Floor Renovation
Foreman Name: Mike Hennigar	Task Description: Tape and Float Temporary Walls
Date: 4/3/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Tape and Float	2 Slip, trip, fall from wet mud	1 Use drop cloth, clean up immediately

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ atrium _____	Signatures Superintendent: _____ Foreman: <u>Mike Hennigar</u> General Foreman: _____ Crew Members: _____ _____ _____ _____
Emergency Numbers Emergency Phone: 555-797-0195 Emergency Radio: _____ Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Marek Bros Systems</u>	Job Name: <u>St. David Renovation</u>
Foreman Name: <u>Ed Cheney</u>	Task Description: <u>Upgrade patient rooms (Install Trim)</u>
Date: <u>4/3/09</u>	

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Install metal stud framing	1	Use powder activated fasteners and screwgun	1	Safety glasses, gloves
2	Clean work area daily	2	Trash creates tripping hazard	2	Clean work area

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input checked="" type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input checked="" type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Exit down to first floor atrium</u> _____ _____	Superintendent: <u>Ed Cheney</u> _____ Foreman: <u>Ernest Canales</u> General Foreman: _____ _____	
Emergency Numbers	Crew Members: <u>S. Maya</u> <u>Domingo Estevan</u> <u>Julio Ortiz</u> <u>John Quinn</u> _____ _____ _____ _____ _____ _____	
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____	Use the Back of this Form to List Any Additional Steps and Other Information	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Marek Bros Systems</u>	Job Name: <u>St. David Renovation</u>
Foreman Name: <u>Ed Cheney</u>	Task Description: <u>Install temporary partitions / install metal framing / install sheetrock</u>
Date: <u>4/6/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Install plastic barrier	1 Lift out tile in ceilings. Use ladder	1 Be alert as to potential above ceiling hazards
2 Metal top track	2 Metal track has sharp edges, use 35' ladder	2 Wear gloves handling sharp material, use ladder in proper manner
3 Install and erect metal studs	3 Studs have sharp edges	3 Use proper PPE
4 Shoot down metal track	4 Sharp edges	4 Use proper PPE
5 Install sheetrock	5 Heavy material, screwgun	5 Handle material in proper manner

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Exit down to first floor atrium</u> _____ _____	Signatures Superintendent: <u>Ed Cheney</u> Foreman: <u>Ernest Canales</u> General Foreman: _____ Crew Members: <u>S. Maya</u> <u>Domingo Estevan</u> <u>Julio Ortiz</u> <u>John Quinn</u> _____ _____
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____	Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Jake Marshall LLC</u> Foreman Name: <u>Randy Long</u> Date: _____	Job Name: _____ Task Description: <u>Plumbing – finished painting rupture disc for piping. Grouted CHW Pump VFD Stands. Labeled RTU's piping and finish all valve tagging</u>
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List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Housekeeping and general work	1	Slips/trips/falls	1	Keep area clean/organize stay alert
2	Material handling	2	Cuts/abrasions/misuse	2	Proper PPE/ extra caution when cutting and handling material
3	Ladder use	3	Falls	3	Proper use of ladder/ tie off if needed/ no standing about the second rung
4	Mechanical joining	4	Cuts/burns/pinches	4	PPE/ stay alert/ MSDS
5	Soldering copper	5	burns	5	PPE/ Hot work permit and fire extinguisher nearby

Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other <hr/> Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route	Signatures
What is your evacuation route and assembly point? <u>1- Bldg. – roundabout Skanska</u> <u>Total complex – brick building</u>	Superintendent: _____ Foreman: <u>Randy Long</u> General Foreman: _____
Emergency Numbers	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Marek</u>	Job Name: <u>Office Remodel</u>
Foreman Name: <u>Rick Jecker</u>	Task Description: <u>Frame acoustical ceilings</u>
Date: <u>3/26/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Shoot hanger wires	1 Using powder actuated guns	1 Ensure user has certification and wearing proper PPE including hearing protection. Take caution that no unspent rounds are left on floor.
2 Install wall mold	2 Use stilts installing trim. Use of laser level	2 Check equipment and ensure that workers have been trained on the proper use of stilts. Check entire work area for trip hazards. Have safe area for mounting and demounting of stilts.
3 Frame grid	3 Scaffold and stilts use	3 Make sure perry scaffolds are inspected. No walking of scaffolds. Use of guard rails over 6'
4 Laser level	4 Eye exposure	4 Use of proper postings of laser use in area. Proper eye protection. Keep nonessential workers out of area.

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: <u>warning signs for laser use</u> Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
		Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route	Signatures
What is your evacuation route and assembly point? <u>Same as jobsite designation</u>	Superintendent: _____ Foreman: <u>Rick Jecker</u> General Foreman: _____ Crew Members: _____ _____ _____
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____	<p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>MSI</u>	Job Name: <u>CSU</u>
Foreman Name: <u>Travis Spruling</u>	Task Description: <u>Metal Stud and Drywall</u>
Date: <u>4/22/08</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Metal panel delivery	1 Fork lift safety	1 Pay attention to slopes and grades
2 Install substrate for metal panel installation	2 Boom lift safety, material handling	2 Harness and lanyard tie off, pay attention to others
3 East and west exterior of C bldg frames	3 Boom lift safety, coworkers below	3 Pay attention to others, harness and lanyard tie off

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ _____	Signatures Superintendent: <u>Travis Spruling</u> Foreman: <u>Jared Wiseman</u> General Foreman: _____ Crew Members: <u>Bernard Foster</u> <u>Gary Lee</u> <u>Thomas Murray</u> <u>Paul Glare</u> <u>Timothy Lee</u> <u>Dan Collins</u>
Emergency Numbers Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Job Hazard Analysis

Construction Phase: **Painting**

Contractor:

Contractor Number:

Project:

Location:

Estimated Start Date:

Required Protective Clothing & Equipment:

Hard hats, eye protection (safety glasses), work boots, long pants, sleeved shirt (min 4"), high visibility vests

This form should be reviewed at the preparatory meeting with each applicable subcontractor.

Operation:	Hazard:	Action to be taken:
1. Airless spray rig	1.1 Check for faulty hoses	1.1.1 Only experienced operators are to use airless spray rigs.
	1.2 Injection wounds	1.2.1 In case of injection wound, seek immediate medical attention.
2. Set up spray rigs	2.1 Back injury and electrical shock	2.1.1 Check placement of equipment and ensure power is hooked up correctly before power is turned on.
	3. Spray painting	3.1 Breathing in of mist and over-spray Breathing in of vapors
		3.1.2 Review MSDS sheets for each paint product that will be used in occupied space. Use proper ventilation at all times.
4. Other trades working overhead	3.2 Falls	3.2.1 Fall protection when working over 6 feet.
	3.3 Eye injuries	3.3.1 Use safety goggles.
	3.4 Damage to property; damage to other trades finished products	3.4.1 Protect all areas from paint over-spray. Never let painters work over exposed finishes.
		3.4.2 Assess all site conditions when applying exterior paints. Look for items that wind-blown over-spray might reach and protect these items if there is even a remote change for damage.
4.1 Danger of foreign objects falling from above	4.1.1 Use extreme caution when other trades are using lifts, cranes.	
5. Disposal of hazardous and toxic materials	5.1 Hazards to people and environment	5.1.1 Such materials shall not be deposited in the contractor's waste containers.
	6.1 Fire and/or adverse personal or environmental exposure	6.1.1 Keep used flammable liquids and/or gas rags in approved containers until removed from the job.

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- Division 3 - Concrete
- Division 4 - Masonry
- Division 5 - Metals
- Division 6 - Wood and Plastics
- Division 7 - Thermal and Moisture Protection
- Division 8 - Doors and Windows
- Division 9 - Finishes
- Division 10 - Specialties**
- Division 11 - Equipment
- Division 12 - Furnishings
- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical

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- Division 6 - Wood and Plastics
- Division 7 - Thermal and Moisture Protection
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- Division 9 - Finishes
- Division 10 - Specialties
- Division 11 - Equipment
- Division 12 - Furnishings**
- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical

Pre-Task Plan Playbook Table of Contents

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- Division 16 - Electrical

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Fire Check of TX	Job Name: Music Building
Foreman Name: Israel Lopez	Task Description: Fire Sprinkler Pipe
Date: 3/25/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Colgando tubería de 1 ½" en el area abierta	1 Riesgo a caerse y pegarle a un compañero	1 Asegurarlas bien a trabajar con cuidado
2 Usando la maquina de hacer rosca	2 Peligro a quemarnos o dañarnos los ojos	2 Usar guantes y lentes de seguridad
3 Usando excabras de 8'	3 Peligro a caernos	3 Usarla apropiadamente y no usa los dos ultimos escalones
4 Usando las llaves para apretar la tubería	4 Riesgo a caerse y pegarle a un compañero	4 Trabajar con seguridad y mirar alrededor

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Housekeeping		
Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Evacuation Route	Signatures	
What is your evacuation route and assembly point? _____ Parking lot	Superintendent: _____ Foreman: <u>Israel Lopez</u> General Foreman: _____ Crew Members: <u>Abel Monsado</u> _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Triton</u> Foreman Name: <u>Darrell Kelley</u> Date: <u>5/2/08</u>	Job Name: <u>CSU</u> Task Description: <u>Roughing in pipe in area B</u>	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Lay pipe out	1 Tripping hazard	1 Lay pipe out of the way
2 Cut fods	2 Cutting fingers	2 Cut rods on tripod
3 Hang pipe	3 Falling	3 Tie off
4 Pull in pipe		
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Evacuation Route	Signatures	Housekeeping
What is your evacuation route and assembly point? _____ _____	Superintendent: _____ Foreman: <u>Darrell Kelley</u> General Foreman: <u>Jesse Neese</u> Crew Members: <u>Joseph M. Tripp</u> _____ _____ _____	Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____		

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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Allied Mechanical Services	Job Name: BCC HS
Foreman Name: Don Reed	Task Description: Repair Air Line 1923 BLD Tunnel
Date: 5/17/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Lock out system	1 Opening pressurized lines	1 Lock out / tag out and depressurize lines
2 Repair air line	2 Electrical shock	2 Use of GFCI on all outlets
	3 Cuts and bruises	3 Proper PPE
	4 Fall	4 100% tie off over 6 feet

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input checked="" type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input checked="" type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point?</p> <p>Skanska trailer</p>	<p>Signatures</p> <p>Superintendent: <u>Don Reed</u></p> <p>Foreman: <u>Mike Welch</u> General Foreman: _____</p> <p>Crew Members: <u>Jake McCall</u> _____</p> <p>_____</p> <p>_____</p>
<p>Emergency Numbers</p> <p>Emergency Phone: <u>911</u></p> <p>Emergency Radio: _____</p> <p>Fire: <u>911</u></p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Gerald & Sons</u>	Job Name: <u>Clayton State University</u>
Foreman Name: <u>Bob Byrne</u>	Task Description: <u>Overhead Gas & Steam</u>
Date: <u>3/30/08</u>	<u>Overhead storm drains, water lines and in-wall sanitation</u>

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Use of lifts and ladders	1 Falls, trips. Caught in between	1 Competent person on lift
2 Compressed gas	2 Burn, fire, explosio	2 Check equipment daily
3 Electrical equipment	3 Caught in equipment	3 Check all cords and tools
4 Electrical cord/ tools	4 Shock	4 Full body harness
5 Power tools	5 Flying objects	5 Full face mask
6 Hand tools	6 Body injury	6 PPE
7 Lifting material		

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input checked="" type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input checked="" type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input checked="" type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Exit to parking lot</u>	Signatures Superintendent: <u>Bob Byrne</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Kris Elder</u> <u>Jack Smith</u> <u>David Clark</u> <u>Landon Anderson</u> <u>Stovall Lee</u> _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ _____ Other: <u>Skanska only</u>	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Breeding Insulation	Job Name: BCBS Cameron Hill Project
Foreman Name: Eddie Weigart	Task Description: Insulation work on HVAC Ductwork / Piping /Plumbing
Date: 3/12/09	

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	General clean-up and housekeeping	1	Tripping hazards and slips	1	Emphasis on awareness of surroundings Emphasis on keeping work areas clean
2	Distribution and handling of job materials	2	Potential for cuts, scrapes and miss-handling	2	Proper material handling Appropriate PPE
3	Elevated work from ladders and man lifts	3	Potential for falls	3	Proper use of ladders/ scaffolding/ lifts Tie off for elevated work
4	Cutting and application of insulation	4	Potential for eye and hand injuries	4	Appropriate PPE/ gloves

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<p>Evacuation Route</p> <p>What is your evacuation route and assembly point? _____ _____</p>	<p>Signatures</p> <p>Superintendent: <u>Chad Weigart</u></p> <p>Foreman: <u>David Johnson</u> General Foreman: <u>Eddie Weigart</u></p> <p>Crew Members: <u>Mike Kemper</u> _____ _____</p> <p>_____</p> <p>_____</p>
<p>Emergency Numbers</p> <p>Emergency Phone: 911</p> <p>Emergency Radio: _____</p> <p>Fire: _____</p> <p>Other: Site contact mobile – 421-2610</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: McAllen Sheet Metal	Job Name: UTB – TSC Music Building
Foreman Name: Mike Garcia	Task Description: Installation of duct work systems
Date: 3/30/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Utilize scissor lift for installation of duct work systems	1 Check batteries for waterlevel – cable terminals tight and clean	1 Check electrical cords. Wear safety glasses and gloves.
2 Install duct supports – unistrut or straps	2 Falls, trips, cuts. Metal shavings or dust in eyes. Loud noise. Drop materials.	2 Keep platform clean, wear gloves, safety glasses, face shield, ear plugs. Tie-off. Flag off area
3 Install overhead duct work	3 Falls, trips, cuts. Metal shavings in eyes. Back strains.	3 Keep platform clean. Wear gloves and safety glasses. Lift with legs. Keep arms close to body. Flag off area.

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input checked="" type="checkbox"/> Struck By</td> </tr> <tr> <td><input checked="" type="checkbox"/> Contacting Electrical Current</td> <td><input checked="" type="checkbox"/> Struck Against</td> </tr> <tr> <td><input checked="" type="checkbox"/> Environmental/Airborne Release</td> <td><input checked="" type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input checked="" type="checkbox"/> Moving Object/Equipment</td> <td><input checked="" type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input checked="" type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input checked="" type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input checked="" type="checkbox"/> Struck By	<input checked="" type="checkbox"/> Contacting Electrical Current	<input checked="" type="checkbox"/> Struck Against	<input checked="" type="checkbox"/> Environmental/Airborne Release	<input checked="" type="checkbox"/> Fall/Slip/Trip	<input checked="" type="checkbox"/> Moving Object/Equipment	<input checked="" type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input checked="" type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point?</p> <p>Exit west side of building</p> <p>Meet at front gate</p>	<p>Signatures</p> <p>Superintendent: <u>Mike Garcia</u></p> <p>Foreman: <u>Cesar Santino</u> General Foreman: _____</p> <p>Crew Members: <u>Sergio Arce</u> <u>Rafael Garcia</u> <u>Joe Limon</u> <u>Jose Gustar</u></p>
<p>Emergency Numbers</p> <p>Emergency Phone: <u>911</u></p> <p>Emergency Radio: _____</p> <p>Fire: _____</p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: CTO	Job Name: Music BLDG
Foreman Name: Abel Flores	Task Description: Install water lines
Date: 4/1/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Weld support brackets for fitting ends	1 Fire may start while welding	1 Fire extinguisher
2 Install water lines	2 May fall down	2 Wear harness
3 Test 8" line on south side	3 Water leak may burst	3 Caution off area below and let them know
4 Clean and secure areas	4 Watch machinery and lifts	4 Be aware of surroundings and proper PPE

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ Main gate	Signatures Superintendent: _____ Foreman: <u>Jose Abel Flores</u> General Foreman: _____ Crew Members: <u>Dan Jones</u> <u>Frank Brooks Jr.</u> <u>Donald Preston</u> <u>Mario Villarreal</u> <u>Ruben Hernandez</u> <u>Ricky Alvarez</u> <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: _____	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>DSI</u>	Job Name: <u>2nd Floor Renovation SDMC</u>
Foreman Name: <u>Jody Gothard</u>	Task Description: <u>Demo plumbing fixtures for wall demo</u>
Date: <u>4/8/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Remove lavatory	1 Water, debris, infectious	1 Buckets, towels, PPE, Hepatitis B shot
2 Remove commode	2 Water, debris, infectious	2 Buckets, towels, PPE, Hepatitis B shot
3 Remove shower drain	3 None	3

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input checked="" type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Anti-room</u> <u>Exit of construction site</u>	Signatures Superintendent: <u>Bill Taylor 555-848-1411</u> Foreman: <u>Jody Gothard</u> General Foreman: _____ Crew Members: <u>Abel Baldenegro</u> <u>Tomas Garces</u> _____ _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
Emergency Numbers Emergency Phone: <u>555-748-0690</u> Emergency Radio: <u>142*25*31537</u> Fire: _____ Other: _____	

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Mock</u>	Job Name: <u>GMC New Preparatory School</u>
Foreman Name: <u>Martin Hicks</u>	Task Description: <u>Installing Pipe</u>
Date: <u>5/13/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Trenching, excavating	1 Ditch caving in, hit by machine	1 Step back ditch
2 Carrying materials	2 Carrying heavy loads	2 Get help with heavy loads
3 Installing pipe	3 Hazardous materials	3 Stay well ventilated
4 Cover up, compaction	4 Tamping foot, hit by boom	4 Wear toe guards, be aware of surroundings

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input checked="" type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input checked="" type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input checked="" type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input checked="" type="checkbox"/> Moving Object/Equipment</td> <td><input checked="" type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hazardous Substance</td> <td><input checked="" type="checkbox"/> Material Handling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input checked="" type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input checked="" type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input checked="" type="checkbox"/> Fall/Slip/Trip	<input checked="" type="checkbox"/> Moving Object/Equipment	<input checked="" type="checkbox"/> Caught In/Between	<input checked="" type="checkbox"/> Hazardous Substance	<input checked="" type="checkbox"/> Material Handling	<input checked="" type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Ventilation of exposure area</td> <td><input checked="" type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input checked="" type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input checked="" type="checkbox"/> Ventilation of exposure area	<input checked="" type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input checked="" type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					
<p>Evacuation Route</p> <p>What is your evacuation route and assembly point?</p> <p><u>Front job trailer</u></p>	<p>Signatures</p> <p>Superintendent: _____</p> <p>Foreman: <u>Martin Hicks</u> General Foreman: <u>Tim Brown</u></p> <p>Crew Members: <u>Jimmy Drake</u> <u>Timothy Coates</u> <u>Keith Hicks</u> _____</p>																					
<p>Emergency Numbers</p> <p>Emergency Phone: _____</p> <p>Emergency Radio: _____</p> <p>Fire: _____</p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>																					

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Allied Mechanical Service	Job Name: BCCHS
Foreman Name: Don Reed	Task Description: Pipe Installation
Date: 5/5/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Set anchors with power tools	1 Shock	1 Use of GFCI, inspection of tools prior to use
2 Install hangers/supports with hand tools - sometimes at heights above 6'	2 Falling from heights, cuts, abrasions and blunt blows to limbs	2 Daily inspection of scaffold, ladders and lifts. Be aware of hand and tool placement. Understand the tools purpose. Proper tool for the job.
3 Install pipe with some rigging	3 Load may fall, pinch points	3 We are trained in proper rigging. Be aware of the surroundings.
4 Some soldering	4 Burns	4 Wear proper PPE including gloves.

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____</p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No **See jobsite trailer</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input type="checkbox"/> Material Handling</td> </tr> <tr> <td><input type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input checked="" type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input checked="" type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Ventilation of exposure area	<input checked="" type="checkbox"/> Change of work methods	<input checked="" type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
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<p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>																						

Evacuation Route	Signatures
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<p>What is your evacuation route and assembly point?</p> <p>_____</p> <p>Skanska's jobsite trailer</p>	<p>Superintendent: <u>Don Reed</u></p> <p>Foreman: <u>Jack Wilk</u> General Foreman: <u>Frank Estes</u></p> <p>Crew Members: <u>Rob Whitley</u> <u>George Bluth</u> <u>Ken Smith</u> <u>Scott Seaver</u> <u>Charlie Brooks</u> <u>Rob Ephron</u></p>
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Emergency Numbers

Emergency Phone: 911

Emergency Radio: 911

Fire: 911

Other: _____

Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor:	Allied Mechanical Services	Job Name:	BCCHS
Foreman Name:	Don Reed	Task Description:	Remove roof top heating units off old auto shop
Date:	5/5/09		

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Access roof	1	Falls	1	Use of man lift instead of ladder

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
		Housekeeping
Evacuation Route	Signatures	
Emergency Numbers		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Allied Mechanical Service	Job Name: BCCHS
Foreman Name: Don Reed	Task Description: Underground Piping
Date: 5/6/09	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Digging / trenching / excavating	1 Possible underground obstructions Falling into trench Struck by moving excavation equipment Trench access	1 Follow SHMP req. (pg 23) Use caution tape around unattended trenches Be aware of where equipment is If more than 4 feet use a ladder
2 Install, prim and glue piping	2 Primer and/or glue in eyes	2 Proper PPE

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No **See jobsite trailer	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input checked="" type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? _____ Skanska jobsite trailer	Signatures Superintendent: <u>Don Reed</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Richard Martinez</u> _____ _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: Allied Mechanical Services	Job Name: Battle Creek Central High School
Foreman Name: Dave Stewart	Task Description: Underground Piping
Date: _____	_____

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Digging / trenching / excavating	1a Possible underground obstructions	1a Follow SHMP requirements for excavation (pg 23)
	1b Falling into trench	1b Use of caution tape around unattended trench (s)
	1c Struck by moving excavation equipment	1c Be aware of where equipment is and wear high visible vests
	1d Entering and exiting of the trench	1d Use ladders to get in and out of trenches if more than 4 feet
2 Install prime and glue piping	2 Primer and/or glue in the eyes	2 Proper PPE (safety glasses)

Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *See foreman for MSDS's	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO

Evacuation Route What is your evacuation route and assembly point? _____ _____ Emergency Numbers Emergency Phone: 555-205-1586 Emergency Radio: _____ Fire: 911 Other: _____	Signatures Superintendent: _____ Foreman: <u>Dave Stewart</u> General Foreman: _____ Crew Members: <u>Rich Smith</u> <u>Mike Wilel</u> _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Fitzgerald & Sons</u>	Job Name: <u>Clayton State</u>
Foreman Name: <u>Bob Byrne</u>	Task Description: <u>Overheard Gas</u>
Date: <u>5/15/08</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Scaffolding, lifts and ladders	1 Falls, trips, slips	1 Proper use/ secured
2 Electrical tools & cords	2 Electric Shock, trips	2 Cords off floor & check for ground prongs
3 Compressed gas	3 Fires, burns, explosion	3 Proper use & NO open flames
4 Hand tools	4 Flying objects, debris	4 Proper use & not damaged
5 Gas powered tools	5 Fires, bodily harm	5 Proper use and maintenance

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input checked="" type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Exit to parking lots</u>	Signatures Superintendent: <u>Bob Byrne</u> Foreman: _____ General Foreman: _____ Crew Members: <u>Kris Elder</u> <u>David Clark</u> _____ _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ _____ Other: <u>Skanska thru only</u>	

Pre-Task Plan Playbook Table of Contents

- Division 1 - General Requirements
- Division 2 - Site Construction
- Division 3 - Concrete
- Division 4 - Masonry
- Division 5 - Metals
- Division 6 - Wood and Plastics
- Division 7 - Thermal and Moisture Protection
- Division 8 - Doors and Windows
- Division 9 - Finishes
- Division 10 - Specialties
- Division 11 - Equipment
- Division 12 - Furnishings
- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: LMI Electric	Job Name: _____
Foreman Name: Chuck Groves	Task Description: Wall rough in
Date: 3/26/09	_____

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Mount boxes in wall	1 Possible cuts of scrapes on wall framing material	1 Use gloves while pulling MC cable through stud cut outs
2 Run MC cable from j-box to wall rough-in	2 Studs falling out of track while pulling on cable	2 Make sure studs are secured to track prior to applying pulling pressure on studs which may fall out of track and hit workmen
3 Extend EMT unto plenum from low voltage outlets	3 Trip hazards from pieces of conduit	3 Keep work area clear of cut off pieces of conduit and cabling
4 Working off ladders	4 Falls from ladder	4 No overreaching while on ladder. No walking the ladders. Full extension of the frame, no leaning against the walls allowed.

Use the Back of this Form to List Any Additional Steps and Other Information

<p>Hazard Identification Tips</p> <p>What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input checked="" type="checkbox"/> Other: <u>Training on proper use of ladders</u></p> <p>Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Hazard Evaluation Tips</p> <p>Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified?</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Contacting Temperature Extremes</td> <td><input type="checkbox"/> Struck By</td> </tr> <tr> <td><input checked="" type="checkbox"/> Contacting Electrical Current</td> <td><input type="checkbox"/> Struck Against</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Airborne Release</td> <td><input checked="" type="checkbox"/> Fall/Slip/Trip</td> </tr> <tr> <td><input checked="" type="checkbox"/> Moving Object/Equipment</td> <td><input type="checkbox"/> Caught In/Between</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Substance</td> <td><input checked="" type="checkbox"/> Material Handling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obstruction/Interference</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By	<input checked="" type="checkbox"/> Contacting Electrical Current	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Environmental/Airborne Release	<input checked="" type="checkbox"/> Fall/Slip/Trip	<input checked="" type="checkbox"/> Moving Object/Equipment	<input type="checkbox"/> Caught In/Between	<input type="checkbox"/> Hazardous Substance	<input checked="" type="checkbox"/> Material Handling	<input checked="" type="checkbox"/> Obstruction/Interference	<input type="checkbox"/> Other	<p>Hazard Control Tips</p> <p>Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ventilation of exposure area</td> <td><input type="checkbox"/> Change of work methods</td> </tr> <tr> <td><input type="checkbox"/> Isolation of hazard from worker</td> <td><input checked="" type="checkbox"/> Good work practices</td> </tr> <tr> <td><input type="checkbox"/> Substitution of hazard with less severe one</td> <td><input checked="" type="checkbox"/> Personal protective equipment</td> </tr> <tr> <td><input type="checkbox"/> Elimination of hazard</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Housekeeping</p> <p>Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Ventilation of exposure area	<input type="checkbox"/> Change of work methods	<input type="checkbox"/> Isolation of hazard from worker	<input checked="" type="checkbox"/> Good work practices	<input type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other
<input type="checkbox"/> Contacting Temperature Extremes	<input type="checkbox"/> Struck By																					
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<input type="checkbox"/> Substitution of hazard with less severe one	<input checked="" type="checkbox"/> Personal protective equipment																					
<input type="checkbox"/> Elimination of hazard	<input type="checkbox"/> Other																					

<p>Evacuation Route</p> <p>What is your evacuation route and assembly point? <u>Same as job posting</u></p>	<p>Signatures</p> <p>Superintendent: _____</p> <p>Foreman: <u>Chuck Groves</u> General Foreman: _____</p> <p>Crew Members: _____</p> <p>_____</p> <p>_____</p>
<p>Emergency Numbers</p> <p>Emergency Phone: <u>911</u></p> <p>Emergency Radio: _____</p> <p>Fire: <u>911</u></p> <p>Other: _____</p>	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Global Electric</u>	Job Name: <u>Music Building</u>
Foreman Name: <u>Jose Salazar</u>	Task Description: <u>Rough In</u>
Date: <u>4/1/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Running AC cable	1 Sharp metal stud and pipe	1 Use gloves and work safe all the time
2 Running EMT pipe and set some boxes for audio	2 Sharp metal stud and pipe	2 Use gloves and work safe all the time
3 Check all pedestals	3 People can get shocked	3 We use lock on it
4 Clean work area	4 People can fall/trip	4 Clean up everything

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Parking lot</u>	Signatures Superintendent: <u>Jose Salazar</u> Foreman: _____ General Foreman: <u>Juan Andrede</u> Crew Members: <u>Jose R. Hoz</u> <u>Domingo Perina</u> <u>Luis Florez</u> <u>Cl. Blanc</u> <u>Jimmy Galvan</u> _____ <p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>
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Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Parker Electric</u>	Job Name: <u>St. David's Second Floor Remodel</u>
Foreman Name: <u>Jon Jensen</u>	Task Description: <u>Install Conduit and Demo Lighting</u>
Date: <u>4/8/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Hammer drill for conduit run	1 Ladder falls, tool slips, dust	1 Ladder safety, care when using tools, Normal PPE
2 Install conduit	2 Ladder falls, tool slips, overhead obstacles	2 Ladder safety, care when using tools Be aware of surroundings
3 Demo lighting	3 Tool slips, shock	3 Care when using tools, identify circuits and Lockout/tagout where possible Use care around live circuits

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input checked="" type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input checked="" type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input checked="" type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input checked="" type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Stairs to atrium</u>	Signatures Superintendent: _____ Foreman: <u>Jon Jensen</u> General Foreman: _____ Crew Members: <u>Matt Hubel</u> <u>Joe D. Eckert</u> <u>Clint Hughes</u> _____ _____ _____
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Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>J Reynolds</u> Foreman Name: <u>Martin Gonzales</u> Date: <u>4/9/09</u>	Job Name: <u>EHRMC</u> Task Description: <u>Unload trucks, Remove Ballast</u>	
List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Remove ballast	1 Falling, dropping dust	1 100% fall protection within 8' of fall hazards Block off egress routes of pedestrians PPE While removing ballast, ensure filters in place and clean at intakes
2 Unload materials	2 Fork lift, falling, cuts	2 100% fall protection for roof personnel at edge PPE including gloves for handlers Provide flaggers for trucks and lift Be aware of surroundings
Use the Back of this Form to List Any Additional Steps and Other Information		
Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input checked="" type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input checked="" type="checkbox"/> Other
Evacuation Route	Signatures	
What is your evacuation route and assembly point? <u>Loading dock</u>	Superintendent: <u>Martin Gonzales</u> Foreman: <u>Randy Pitre</u> General Foreman: _____ Crew Members: _____ _____ _____	
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information	
Emergency Phone: <u>555-877-8375</u> Emergency Radio: _____ Fire: <u>911</u> Other: <u>911</u>		

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Vela's Electric</u>	Job Name: <u>La Joya High School</u>
Foreman Name: <u>Martin Maydon</u>	Task Description: <u>Electrical Rough-In</u>
Date: <u>4/8/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Wiring building	1 Fall, slip, trip	1 Good work practices
2 Working on site poles	2 Burn hazard	2 PPE
3 Mounting panels	3 Shock hazard	3 Fire extinguishers
4 Trenching site poles	4 Moving equipment	4 Isolation of hazards
5 Temporary lights		

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input checked="" type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input checked="" type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Bentson Road</u>	Signatures Superintendent: <u>Eloy Vela</u> Foreman: <u>Martin Maydon</u> General Foreman: _____ Crew Members: <u>Toby Garcia</u> <u>Juan Campos</u> <u>Baldermar Perrett</u> <u>Joe Silva</u> <u>Miro Vela</u>
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ Other: _____	<p>Use the Back of this Form to List Any Additional Steps and Other Information</p>

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Parker Electric</u>	Job Name: <u>St. David's 2nd Floor Remodel (Phase 4)</u>
Foreman Name: <u>Jon Jensen</u>	Task Description: <u>Demo Power and Lighting</u>
Date: <u>4/7/09</u>	

List All the Steps of the Job (Use additional paper if needed)		Identify All Specific Hazards Found		How Will You Control the Hazards?	
1	Locate power to be removed	1	Ladder falls, debris on floor	1	Ladder safe, be aware of surroundings
2	Determine if power can removed	2	Ladder falls, shock, debris on floor	2	Ladder safety, use meter, be aware of surroundings
3	Remove conduit to J-Box	3	Ladder falls, debris on floor, fire sprinklers	3	Ladder safety, be aware of surroundings – both above and below
4	Cut hole in panel 2HEDP4 sec. 2	4	Shock hazards	4	Use caution around live ports

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips	Hazard Evaluation Tips	Hazard Control Tips
What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other
Housekeeping		
Was site cleaned up and secured after work? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Evacuation Route	Signatures		
What is your evacuation route and assembly point? <u>Stairs to 32nd street parking lot</u> <u>Meet at atrium</u>	Superintendent: _____ Foreman: <u>Jon Jensen</u> General Foreman: _____ Crew Members: <u>Jack Eckert</u> <u>Clint Hughes</u> <u>Max Heard</u> _____ _____		
Emergency Numbers	Use the Back of this Form to List Any Additional Steps and Other Information		
Emergency Phone: <u>911</u> Emergency Radio: _____ Fire: _____ Other: <u>828-9961</u>			

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Parker Electric</u>	Job Name: <u>St. David's 2nd</u>
Foreman Name: <u>Jon Jensen</u>	Task Description: <u>Demo</u>
Date: <u>4/6/09</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Demo Raise lights to deck	1 Above ceiling All thread	Hard hat Safety glasses Work boots
2 Demo recpt's where possible	2 Abandoned wires Sharp objects	Elec. EQ – meters Circuit tracers

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input checked="" type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input type="checkbox"/> Caught In/Between <input checked="" type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input checked="" type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input checked="" type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>Patio</u>	Signatures Superintendent: _____ Foreman: <u>Jon Jensen</u> General Foreman: _____ Crew Members: <u>Jeremy Drexel</u> _____ _____ _____
Emergency Numbers Emergency Phone: <u>911</u> Emergency Radio: _____ _____ Other: <u>828-9961</u>	Use the Back of this Form to List Any Additional Steps and Other Information

Appendix F: Daily Pre-Task Safety Plan

Subcontractor: <u>Miller Electric</u>	Job Name: <u>Clayton State College</u>
Foreman Name: <u>Harry Haidt</u>	Task Description: <u>Pull MSB Feeders to 750kva transformer outside</u>
Date: <u>5/30/08</u>	

List All the Steps of the Job (Use additional paper if needed)	Identify All Specific Hazards Found	How Will You Control the Hazards?
1 Uncover main switch board	1 Eyes	1 PPE
2 Secure wire puller	2 Hands, eyes	2 PPE
3 Pull in wire pulling rope	3 Head, hands	3 PPE
4 Set up wire on jacks	4 Feet slip	4 Good work practices
5 Serve wire to rope	5 Hands	5 PPE
6 Pull wire to MSB	6 Hands	6 PPE
7 Breakdown tugger and put away	7 Hands, feet trip	7 PPE, Eliminate

Use the Back of this Form to List Any Additional Steps and Other Information

Hazard Identification Tips What permits are required for this task? <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other: _____ Will the removal of an existing guardrail or means of fall protection be required for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a potential fire, explosion, toxic or radioactive release hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any MSDSs that might need reviewed for hazardous substances that might be present on the job site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazard Evaluation Tips Use the following categories to assist you in a proper evaluation of all the hazards that have been identified. Can any of the following conditions occur with the hazards that have been identified? <input type="checkbox"/> Contacting Temperature Extremes <input type="checkbox"/> Struck By <input type="checkbox"/> Contacting Electrical Current <input type="checkbox"/> Struck Against <input type="checkbox"/> Environmental/Airborne Release <input checked="" type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Moving Object/Equipment <input checked="" type="checkbox"/> Caught In/Between <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Material Handling <input type="checkbox"/> Obstruction/Interference <input type="checkbox"/> Other	Hazard Control Tips Use the following categories to assist you in determining the proper control methods for all the hazards that have been identified and evaluated. <input type="checkbox"/> Ventilation of exposure area <input type="checkbox"/> Change of work methods <input type="checkbox"/> Isolation of hazard from worker <input checked="" type="checkbox"/> Good work practices <input type="checkbox"/> Substitution of hazard with less severe one <input checked="" type="checkbox"/> Personal protective equipment <input checked="" type="checkbox"/> Elimination of hazard <input type="checkbox"/> Other Housekeeping Was site cleaned up and secured after work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Evacuation Route What is your evacuation route and assembly point? <u>trailer</u>	Signatures Superintendent: _____ Foreman: <u>Harry Haidt</u> General Foreman: <u>Mark Rucker</u> Crew Members: <u>J.E. Wheeler</u> <u>Robert Bell</u> <u>Andy Kukley</u> <u>H.G. Casey</u> <u>Jerry Klein</u> <u>Ronnie Padgett</u> <u>Jerome Edwards</u>
Emergency Numbers Emergency Phone: _____ Emergency Radio: _____ Fire: _____ Other: <u>Ricky Clayton</u>	<p style="text-align: center;">Use the Back of this Form to List Any Additional Steps and Other Information</p>