



Service Contractors Bureau MCA of Metropolitan Washington



PTP (Daily Pre-Task Plan)

Company Name:		Submitted by:	
Date:	Job #:	Supervisor:	
Project Name:		Manpower:	Trade Foreman Journeyman Apprentice
Project Location:		H S P	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Activity:		Weather:	Temp: am <input type="checkbox"/> Temp: pm <input type="checkbox"/>

Evaluating Your Work Area (check Yes or No)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you walked your area?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have the PPE needed for this task?
<input type="checkbox"/>	<input type="checkbox"/>	Are you working around live systems?	<input type="checkbox"/>	<input type="checkbox"/>	Are the required materials and tools provided?
<input type="checkbox"/>	<input type="checkbox"/>	Does this task require special training?	<input type="checkbox"/>	<input type="checkbox"/>	Does this task involve a confined space?
<input type="checkbox"/>	<input type="checkbox"/>	Is an MSDS review necessary for this task?	<input type="checkbox"/>	<input type="checkbox"/>	Have all tools/equipment been inspected before use?
<input type="checkbox"/>	<input type="checkbox"/>	Is air monitoring required?	<input type="checkbox"/>	<input type="checkbox"/>	Should the Safety Dept. be involved in this planning?
<input type="checkbox"/>	<input type="checkbox"/>	Are work permits required for this task?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a safety issue that has not been addressed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you familiar with evacuation routes?			
<input type="checkbox"/>	<input type="checkbox"/>	Has emergency equipment, such as fire extinguishers, eyewash stations, safety showers, and phones been located?			
<input type="checkbox"/>	<input type="checkbox"/>	If the work area is congested, has the work plan been coordinated with other crafts?			

Potential Hazard Checklist (place checkmark if applicable)

<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Adequate Access	<input type="checkbox"/> Hazardous Checklist
<input type="checkbox"/> Thermal Burns	<input type="checkbox"/> High Noise Levels	<input type="checkbox"/> Heat Exhaustion/Stress
<input type="checkbox"/> Particles in Eyes	<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Sharp Objects or Tools
<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Radiation
<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Chemical Spill	<input type="checkbox"/> Excavations
<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Chemical Burns	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Ladders
<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Rigging
<input type="checkbox"/> Falls from Elevations	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Line Breaking
<input type="checkbox"/> Inhalation Hazard	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Other:

Personal Protective Equipment

List PPE Required: Hard Hats, Safety Glasses _____

Description of Work

Problems or Delays

Comments
