



14 Mill Park Court  
Newark, DE 19713  
P: 302-453-4000  
F: 302-453-4493

540 S. Bedford Street  
Georgetown, DE 19947  
P: 302-856-1006  
F: 302-856-6119

### DAILY JOB DIARY

Job No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Name: \_\_\_\_\_ Weather: \_\_\_\_\_  
Location: \_\_\_\_\_ Temperature: \_\_\_\_\_

Foreman Name:	Total Number of Men on the job:
Previous Man Hours:	# of Foremen:
Man Hours Today:	# of Mechanics:
Cumulative Man Hours:	# of Apprentices:
	# of Laborers:

Type of work in progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hindrance to job progress and by whom: \_\_\_\_\_  
\_\_\_\_\_

Special materials received: \_\_\_\_\_  
\_\_\_\_\_

Visitors or phone call of importance to us: \_\_\_\_\_  
\_\_\_\_\_

Verbal discussions and/or instructions: \_\_\_\_\_  
\_\_\_\_\_

Change orders requested or ordered by customer: \_\_\_\_\_  
\_\_\_\_\_

Tools and parts transferred, stolen, misplaced or lost: \_\_\_\_\_  
\_\_\_\_\_

Number & types of rental equipment on job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Hazards/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 P: 302.453.4000      P: 302.856.1006  
 F: 302.453.4493      F: 302.856.6119

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_ Site: \_\_\_\_\_ Location: \_\_\_\_\_

**Safety Task (Analysis) Assignment (STA) to be completed prior to performing electrical work task assignment**

(A) **Brief Job Description:** \_\_\_\_\_

(B) **Permits:** (Check Applicable)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Work Permit              | <input type="checkbox"/> Electrical Prohibited Work | <input type="checkbox"/> Lock Out                      | <input type="checkbox"/> Confine Space Permit |
| <input type="checkbox"/> Roof Entry Permit        | <input type="checkbox"/> Crane Permit               | <input type="checkbox"/> Flame Permit                  | <input type="checkbox"/> Interlock Permit     |
| <input type="checkbox"/> Barricade Area Permit    | <input type="checkbox"/> Excavation Permit          | <input type="checkbox"/> Floor/Wall Penetration Permit |   |
| <input type="checkbox"/> Electrical Permit Number |   | <input type="checkbox"/> Other: _____                  |   |

(C) **Hazards:** (Check Applicable)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Electrical Shock                   | <input type="checkbox"/> Electrical Flash   | <input type="checkbox"/> Fall Hazard                          | <input type="checkbox"/> Asbestos      |
| <input type="checkbox"/> Lead (Paint, etc.)                 | <input type="checkbox"/> Other Narf Hazards | <input type="checkbox"/> Direct Burial Utilities              | <input type="checkbox"/> Elevated Work |
| <input type="checkbox"/> In-Wall Utilities                  | <input type="checkbox"/> Noise              | <input type="checkbox"/> Overhead Work                        | <input type="checkbox"/> Overhead Wire |
| <input type="checkbox"/> Floor Openings                     | <input type="checkbox"/> Ventilation        | <input type="checkbox"/> Drilling                             | <input type="checkbox"/> Rigging       |
| <input type="checkbox"/> Store Energy                       | <input type="checkbox"/> Lack Dwrgs.        | <input type="checkbox"/> Disruption to Operation              |  |
| <input type="checkbox"/> Hazards to Operating Personnel     |   | <input type="checkbox"/> Roof Work (Chemical Exhaust/Fall)    |  |
| <input type="checkbox"/> Weather (Lightning/Rain/Snow/Heat) |   | <input type="checkbox"/> Dangerous Insects (Bee, Snake, Etc.) |  |
| <input type="checkbox"/> Grinding                           | <input type="checkbox"/> Other: _____       |   |  |

(D) **Personnel Protection Equipment:** (Check Applicable)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hard Hat                    | <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> Safety Shoes             | <input type="checkbox"/> Hearing Protection    |
| <input type="checkbox"/> Electrical Rated Over-Boots |   | <input type="checkbox"/> Voltage Rated Gloves     | <input type="checkbox"/> Face Shield           |
| <input type="checkbox"/> Protective Gloves           | <input type="checkbox"/> Grounding Clusters | <input type="checkbox"/> Hearing Protection       | <input type="checkbox"/> Barricades            |
| <input type="checkbox"/> Voltage Barriers            | <input type="checkbox"/> Goggles            | <input type="checkbox"/> Electrically Rated Tools | <input type="checkbox"/> Flash Hood (Beehive)  |
| <input type="checkbox"/> Full Body Harness/Lifeline  |   | <input type="checkbox"/> Flash Face Shield        | <input type="checkbox"/> Flash Body Protection |
| <input type="checkbox"/> Other: _____                |   |   |  |

(E) **Tools and Equipment:** (Check Applicable)

- |   |   |                               |   |
|---|---|-------------------------------|---|
| <input type="checkbox"/> Hand Tools             | <input type="checkbox"/> Ladders                          | <input type="checkbox"/> GFCI | <input type="checkbox"/> Scaffling/Personal Lifts |
| <input type="checkbox"/> Fire Extinguishers     | <input type="checkbox"/> Threading/Pipe Bending Equipment |                               | <input type="checkbox"/> Power Actuated Tools     |
| <input type="checkbox"/> Electrical Power Tools | <input type="checkbox"/> Additional Tools: _____          |                               |   |

(F) **Electrical Procedures:** (Check Applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Electrical Shutdown Request | <input type="checkbox"/> Electrical Hazard Task Plan |
|--|--|

(G) **What can go wrong?** \_\_\_\_\_

(Attach Additional Page(s))

Team signatures and date checklist reviewed and understood by person(s) performing work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Foreman Name:	Total Number of Men on the job:
Previous Man Hours:	# of Foremen:
Man Hours Today:	# of Mechanics:
Cumulative Man Hours:	# of Apprentices:
	# of Laborers:

Type of work in progress: \_\_\_\_\_  
\_\_\_\_\_  
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Date: \_\_\_\_\_ Job Number: \_\_\_\_\_ Site: \_\_\_\_\_ Location: \_\_\_\_\_

## Safety Task (Analysis) Assignment (STA) to be completed prior to performing electrical work task assignment

(A) **Brief Job Description:** \_\_\_\_\_  
 \_\_\_\_\_

**(B) Permits:** (Check Applicable)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Work Permit              | <input type="checkbox"/> Electrical Prohibited Work | <input type="checkbox"/> Lock Out                      | <input type="checkbox"/> Confine Space Permit |
| <input type="checkbox"/> Roof Entry Permit        | <input type="checkbox"/> Crane Permit               | <input type="checkbox"/> Flame Permit                  | <input type="checkbox"/> Interlock Permit     |
| <input type="checkbox"/> Barricade Area Permit    | <input type="checkbox"/> Excavation Permit          | <input type="checkbox"/> Floor/Wall Penetration Permit |   |
| <input type="checkbox"/> Electrical Permit Number | <input type="checkbox"/> Other: _____               |  |   |

**(C) Hazards:** (Check Applicable)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Electrical Shock                   | <input type="checkbox"/> Electrical Flash                     | <input type="checkbox"/> Fall Hazard             | <input type="checkbox"/> Asbestos      |
| <input type="checkbox"/> Lead (Paint, etc.)                 | <input type="checkbox"/> Other Narf Hazards                   | <input type="checkbox"/> Direct Burial Utilities | <input type="checkbox"/> Elevated Work |
| <input type="checkbox"/> In-Wall Utilities                  | <input type="checkbox"/> Noise                                | <input type="checkbox"/> Overhead Work           | <input type="checkbox"/> Overhead Wire |
| <input type="checkbox"/> Floor Openings                     | <input type="checkbox"/> Ventilation                          | <input type="checkbox"/> Drilling                | <input type="checkbox"/> Rigging       |
| <input type="checkbox"/> Store Energy                       | <input type="checkbox"/> Lack Dwrgs.                          | <input type="checkbox"/> Disruption to Operation |  |
| <input type="checkbox"/> Hazards to Operating Personnel     | <input type="checkbox"/> Roof Work (Chemical Exhaust/Fall)    |  |  |
| <input type="checkbox"/> Weather (Lightning/Rain/Snow/Heat) | <input type="checkbox"/> Dangerous Insects (Bee, Snake, Etc.) |  |  |
| <input type="checkbox"/> Grinding                           | <input type="checkbox"/> Other: _____                         |  |  |

**(D) Personnel Protection Equipment:** (Check Applicable)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hard Hat                    | <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> Safety Shoes             | <input type="checkbox"/> Hearing Protection    |
| <input type="checkbox"/> Electrical Rated Over-Boots | <input type="checkbox"/> Grounding Clusters | <input type="checkbox"/> Voltage Rated Gloves     | <input type="checkbox"/> Face Shield           |
| <input type="checkbox"/> Protective Gloves           | <input type="checkbox"/> Goggles            | <input type="checkbox"/> Hearing Protection       | <input type="checkbox"/> Barricades            |
| <input type="checkbox"/> Voltage Barriers            |   | <input type="checkbox"/> Electrically Rated Tools | <input type="checkbox"/> Flash Hood (Beehive)  |
| <input type="checkbox"/> Full Body Harness/Lifeline  |   | <input type="checkbox"/> Flash Face Shield        | <input type="checkbox"/> Flash Body Protection |
| <input type="checkbox"/> Other: _____                |   |   |  |

**(E) Tools and Equipment:** (Check Applicable)

- |   |   |                               |   |
|---|---|-------------------------------|---|
| <input type="checkbox"/> Hand Tools             | <input type="checkbox"/> Ladders                          | <input type="checkbox"/> GFCI | <input type="checkbox"/> Scaffling/Personal Lifts |
| <input type="checkbox"/> Fire Extinguishers     | <input type="checkbox"/> Threading/Pipe Bending Equipment |                               | <input type="checkbox"/> Power Actuated Tools     |
| <input type="checkbox"/> Electrical Power Tools | <input type="checkbox"/> Additional Tools: _____          |                               |   |

**(F) Electrical Procedures:** (Check Applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Electrical Shutdown Request | <input type="checkbox"/> Electrical Hazard Task Plan |
|--|--|

(G) **What can go wrong?** \_\_\_\_\_

(Attach Additional Page(s))

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Location: \_\_\_\_\_ Temperature: \_\_\_\_\_

Foreman Name:	Total Number of Men on the job:
Previous Man Hours:	# of Foremen:
Man Hours Today:	# of Mechanics:
Cumulative Man Hours:	# of Apprentices:
	# of Laborers:

Type of work in progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hindrance to job progress and by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special materials received: \_\_\_\_\_  
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Visitors or phone call of importance to us: \_\_\_\_\_  
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Tools and parts transferred, stolen, misplaced or lost: \_\_\_\_\_  
\_\_\_\_\_

Number & types of rental equipment on job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Hazards/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
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## Safety Task (Analysis) Assignment (STA) to be completed prior to performing electrical work task assignment

(A) **Brief Job Description:** \_\_\_\_\_  
 \_\_\_\_\_

**(B) Permits:** (Check Applicable)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Work Permit              | <input type="checkbox"/> Electrical Prohibited Work | <input type="checkbox"/> Lock Out                      | <input type="checkbox"/> Confine Space Permit |
| <input type="checkbox"/> Roof Entry Permit        | <input type="checkbox"/> Crane Permit               | <input type="checkbox"/> Flame Permit                  | <input type="checkbox"/> Interlock Permit     |
| <input type="checkbox"/> Barricade Area Permit    | <input type="checkbox"/> Excavation Permit          | <input type="checkbox"/> Floor/Wall Penetration Permit |   |
| <input type="checkbox"/> Electrical Permit Number | <input type="checkbox"/> Other: _____               |  |   |

**(C) Hazards:** (Check Applicable)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Electrical Shock                   | <input type="checkbox"/> Electrical Flash                     | <input type="checkbox"/> Fall Hazard             | <input type="checkbox"/> Asbestos      |
| <input type="checkbox"/> Lead (Paint, etc.)                 | <input type="checkbox"/> Other Narf Hazards                   | <input type="checkbox"/> Direct Burial Utilities | <input type="checkbox"/> Elevated Work |
| <input type="checkbox"/> In-Wall Utilities                  | <input type="checkbox"/> Noise                                | <input type="checkbox"/> Overhead Work           | <input type="checkbox"/> Overhead Wire |
| <input type="checkbox"/> Floor Openings                     | <input type="checkbox"/> Ventilation                          | <input type="checkbox"/> Drilling                | <input type="checkbox"/> Rigging       |
| <input type="checkbox"/> Store Energy                       | <input type="checkbox"/> Lack Dwrgs.                          | <input type="checkbox"/> Disruption to Operation |  |
| <input type="checkbox"/> Hazards to Operating Personnel     | <input type="checkbox"/> Roof Work (Chemical Exhaust/Fall)    |  |  |
| <input type="checkbox"/> Weather (Lightning/Rain/Snow/Heat) | <input type="checkbox"/> Dangerous Insects (Bee, Snake, Etc.) |  |  |
| <input type="checkbox"/> Grinding                           | <input type="checkbox"/> Other: _____                         |  |  |

**(D) Personnel Protection Equipment:** (Check Applicable)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hard Hat                    | <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> Safety Shoes             | <input type="checkbox"/> Hearing Protection    |
| <input type="checkbox"/> Electrical Rated Over-Boots | <input type="checkbox"/> Grounding Clusters | <input type="checkbox"/> Voltage Rated Gloves     | <input type="checkbox"/> Face Shield           |
| <input type="checkbox"/> Protective Gloves           | <input type="checkbox"/> Goggles            | <input type="checkbox"/> Hearing Protection       | <input type="checkbox"/> Barricades            |
| <input type="checkbox"/> Voltage Barriers            |   | <input type="checkbox"/> Electrically Rated Tools | <input type="checkbox"/> Flash Hood (Beehive)  |
| <input type="checkbox"/> Full Body Harness/Lifeline  |   | <input type="checkbox"/> Flash Face Shield        | <input type="checkbox"/> Flash Body Protection |
| <input type="checkbox"/> Other: _____                |   |   |  |

**(E) Tools and Equipment:** (Check Applicable)

- |   |   |                               |   |
|---|---|-------------------------------|---|
| <input type="checkbox"/> Hand Tools             | <input type="checkbox"/> Ladders                          | <input type="checkbox"/> GFCI | <input type="checkbox"/> Scaffling/Personal Lifts |
| <input type="checkbox"/> Fire Extinguishers     | <input type="checkbox"/> Threading/Pipe Bending Equipment |                               | <input type="checkbox"/> Power Actuated Tools     |
| <input type="checkbox"/> Electrical Power Tools | <input type="checkbox"/> Additional Tools: _____          |                               |   |

**(F) Electrical Procedures:** (Check Applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Electrical Shutdown Request | <input type="checkbox"/> Electrical Hazard Task Plan |
|--|--|

(G) **What can go wrong?** \_\_\_\_\_

(Attach Additional Page(s))

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Job No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Name: \_\_\_\_\_ Weather: \_\_\_\_\_  
Location: \_\_\_\_\_ Temperature: \_\_\_\_\_

Foreman Name:	Total Number of Men on the job:
Previous Man Hours:	# of Foremen:
Man Hours Today:	# of Mechanics:
Cumulative Man Hours:	# of Apprentices:
	# of Laborers:

Type of work in progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hindrance to job progress and by whom: \_\_\_\_\_  
\_\_\_\_\_

Special materials received: \_\_\_\_\_  
\_\_\_\_\_

Visitors or phone call of importance to us: \_\_\_\_\_  
\_\_\_\_\_

Verbal discussions and/or instructions: \_\_\_\_\_  
\_\_\_\_\_

Change orders requested or ordered by customer: \_\_\_\_\_  
\_\_\_\_\_

Tools and parts transferred, stolen, misplaced or lost: \_\_\_\_\_  
\_\_\_\_\_

Number & types of rental equipment on job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Hazards/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



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Date: \_\_\_\_\_ Job Number: \_\_\_\_\_ Site: \_\_\_\_\_ Location: \_\_\_\_\_

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(A) **Brief Job Description:** \_\_\_\_\_  
 \_\_\_\_\_

**(B) Permits:** (Check Applicable)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Work Permit              | <input type="checkbox"/> Electrical Prohibited Work | <input type="checkbox"/> Lock Out                      | <input type="checkbox"/> Confine Space Permit |
| <input type="checkbox"/> Roof Entry Permit        | <input type="checkbox"/> Crane Permit               | <input type="checkbox"/> Flame Permit                  | <input type="checkbox"/> Interlock Permit     |
| <input type="checkbox"/> Barricade Area Permit    | <input type="checkbox"/> Excavation Permit          | <input type="checkbox"/> Floor/Wall Penetration Permit |   |
| <input type="checkbox"/> Electrical Permit Number | <input type="checkbox"/> Other: _____               |  |   |

**(C) Hazards:** (Check Applicable)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Electrical Shock                   | <input type="checkbox"/> Electrical Flash                     | <input type="checkbox"/> Fall Hazard             | <input type="checkbox"/> Asbestos      |
| <input type="checkbox"/> Lead (Paint, etc.)                 | <input type="checkbox"/> Other Narf Hazards                   | <input type="checkbox"/> Direct Burial Utilities | <input type="checkbox"/> Elevated Work |
| <input type="checkbox"/> In-Wall Utilities                  | <input type="checkbox"/> Noise                                | <input type="checkbox"/> Overhead Work           | <input type="checkbox"/> Overhead Wire |
| <input type="checkbox"/> Floor Openings                     | <input type="checkbox"/> Ventilation                          | <input type="checkbox"/> Drilling                | <input type="checkbox"/> Rigging       |
| <input type="checkbox"/> Store Energy                       | <input type="checkbox"/> Lack Dwrgs.                          | <input type="checkbox"/> Disruption to Operation |  |
| <input type="checkbox"/> Hazards to Operating Personnel     | <input type="checkbox"/> Roof Work (Chemical Exhaust/Fall)    |  |  |
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| <input type="checkbox"/> Grinding                           | <input type="checkbox"/> Other: _____                         |  |  |

**(D) Personnel Protection Equipment:** (Check Applicable)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hard Hat                    | <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> Safety Shoes             | <input type="checkbox"/> Hearing Protection    |
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**(E) Tools and Equipment:** (Check Applicable)

- |   |   |                               |   |
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| <input type="checkbox"/> Hand Tools             | <input type="checkbox"/> Ladders                          | <input type="checkbox"/> GFCI | <input type="checkbox"/> Scaffling/Personal Lifts |
| <input type="checkbox"/> Fire Extinguishers     | <input type="checkbox"/> Threading/Pipe Bending Equipment |                               | <input type="checkbox"/> Power Actuated Tools     |
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**(F) Electrical Procedures:** (Check Applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Electrical Shutdown Request | <input type="checkbox"/> Electrical Hazard Task Plan |
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- |   |   |  |  |
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| <input type="checkbox"/> Lead (Paint, etc.)                 | <input type="checkbox"/> Other Narf Hazards                   | <input type="checkbox"/> Direct Burial Utilities | <input type="checkbox"/> Elevated Work |
| <input type="checkbox"/> In-Wall Utilities                  | <input type="checkbox"/> Noise                                | <input type="checkbox"/> Overhead Work           | <input type="checkbox"/> Overhead Wire |
| <input type="checkbox"/> Floor Openings                     | <input type="checkbox"/> Ventilation                          | <input type="checkbox"/> Drilling                | <input type="checkbox"/> Rigging       |
| <input type="checkbox"/> Store Energy                       | <input type="checkbox"/> Lack Dwrgs.                          | <input type="checkbox"/> Disruption to Operation |  |
| <input type="checkbox"/> Hazards to Operating Personnel     | <input type="checkbox"/> Roof Work (Chemical Exhaust/Fall)    |  |  |
| <input type="checkbox"/> Weather (Lightning/Rain/Snow/Heat) | <input type="checkbox"/> Dangerous Insects (Bee, Snake, Etc.) |  |  |
| <input type="checkbox"/> Grinding                           | <input type="checkbox"/> Other: _____                         |  |  |

(D) **Personnel Protection Equipment:** (Check Applicable)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Hard Hat                    | <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> Safety Shoes             | <input type="checkbox"/> Hearing Protection    |
| <input type="checkbox"/> Electrical Rated Over-Boots | <input type="checkbox"/> Grounding Clusters | <input type="checkbox"/> Voltage Rated Gloves     | <input type="checkbox"/> Face Shield           |
| <input type="checkbox"/> Protective Gloves           | <input type="checkbox"/> Goggles            | <input type="checkbox"/> Hearing Protection       | <input type="checkbox"/> Barricades            |
| <input type="checkbox"/> Voltage Barriers            |   | <input type="checkbox"/> Electrically Rated Tools | <input type="checkbox"/> Flash Hood (Beehive)  |
| <input type="checkbox"/> Full Body Harness/Lifeline  |   | <input type="checkbox"/> Flash Face Shield        | <input type="checkbox"/> Flash Body Protection |
| <input type="checkbox"/> Other: _____                |   |   |  |

(E) **Tools and Equipment:** (Check Applicable)

- |   |   |                               |   |
|---|---|-------------------------------|---|
| <input type="checkbox"/> Hand Tools             | <input type="checkbox"/> Ladders                          | <input type="checkbox"/> GFCI | <input type="checkbox"/> Scaffling/Personal Lifts |
| <input type="checkbox"/> Fire Extinguishers     | <input type="checkbox"/> Threading/Pipe Bending Equipment |                               | <input type="checkbox"/> Power Actuated Tools     |
| <input type="checkbox"/> Electrical Power Tools | <input type="checkbox"/> Additional Tools: _____          |                               |   |

(F) **Electrical Procedures:** (Check Applicable)

- Electrical Shutdown Request       Electrical Hazard Task Plan

(G) **What can go wrong?** \_\_\_\_\_

(Attach Additional Page(s))

Team signatures and date checklist reviewed and understood by person(s) performing work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**NICKLE**  
ELECTRICAL COMPANIES  
*Discover the Power of Quality*

14 Mill Park Court  
Newark, DE 19713  
P: 302.453.4000  
F: 302.453.4493

540 S. Bedford Street  
Georgetown, DE 19947  
P: 302.856.1006  
F: 302.856.6119

**WEEKLY SAFETY INSPECTION AUDIT**

Date \_\_\_\_\_ Job # \_\_\_\_\_  
Job Name \_\_\_\_\_ Job Location \_\_\_\_\_

Foreman \_\_\_\_\_

Employees: \_\_\_\_\_

(If no, see audit summary.)

- |     | Y                        | N                        | N/A                      |   |
|-----|--------------------------|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General housekeeping (materials organized, tripping hazards, walking, working surfaces and trash consolidated for removal).   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MSDS information available.   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First aid kit available and complete.   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguisher available w/ current inspection tag.  |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ground fault protection - on site, in use, functioning and inspected.   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords – no nicks, no splices, plug ends not damaged.  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladders – all cross braces in place; no cracks, missing pieces or repairs. Tie off ropes where required, installed, in use, not damaged.                              |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tools (hand/insulated/power/powder activated/welding) in working condition and inspected prior to use. Cords not nicked, plug end not damaged and no missing parts.   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate clothing - (without rips, tears, or holes) pants, work boots, shirt (at least a 6" sleeve).   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal protective equipment in good working condition per NFPA 70E and used where required (hard hat, safety glasses, gloves, hearing protection, fall protection). |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify tool box talks are completed and current.  |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify employees are current with company training requirements (OSHA & First aid).   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffolds inspected prior to each shift. Users properly trained.  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavations properly inspected by competent person. Miss Utility ticket located with the operator.  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mobile equipment inspected prior to use. Employees properly trained and certified.  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Temporary lights (working and supported), have secure wiring connections, secured and closed panels, with proper breaker labeling.                                    |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knock out seals in energized panels.  |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mobile equipment (to include forklifts, scissorlifts, articulating lifts, etc.) inspected prior to use. Employees properly trained.                                   |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arc flash hazard labels, caution, warning and danger signs properly installed. Barricades properly erected if required.   |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Energized work permit in place per NFPA 70E.  |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overhead and surrounding hazards, i.e. multiple contractors, core drilling, painting and fumes.   |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment properly locked and tagged out.   |

**Unsafe Conditions & Acts Observed**

**Correction**

Unsafe Conditions & Acts Observed	Correction



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**WEEKLY TEMPORARY ELECTRICAL INSPECTION**

**JOB NO.** \_\_\_\_\_

**WEEK ENDING** \_\_\_\_\_

**JOB NAME:** \_\_\_\_\_

The following items were inspected in accordance with requirements in the NFPA 70: National Electrical Code, Army Corps of Engineers Safety & Health Manual EM 385-1-1 & OSHA Standards.

- 1. Check Systems and devices (polarity, continuity of ground, resistance to ground)

Comments:

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- 2. Check GFCI receptacles for 15/20 amp 120 volt circuits

Comments:

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- 3. Check Temporary Panel board(s), Circuit Breakers and Disconnects (size, type, weatherproof)

Comments:

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- 4. Check Extension Cords (type, UL listed, insulation condition, splices, location)

Comments:

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- 5. Check Temporary Lighting (exposed empty light socket, broken bulbs, sheathed cable, guards)

Comments:

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- 6. Check Temporary Wire (size, type, condition)

Comments:

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- 7. Check Plugs and Receptacles (type, NEMA rating)

Comments:

---



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\_\_\_\_\_  
 Signature of Foreman/Electrician

Project Name: \_\_\_\_\_ #: \_\_\_\_\_

NICKLE ELECTRICAL COMPANIES  
THREE WEEK LOOK AHEAD

Prepared by: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

COST CODE	DESCRIPTION	WEEK _____ to _____							WEEK _____ to _____							WEEK _____ to _____						
		MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN

Issues/Concerns \_\_\_\_\_

Tools Required \_\_\_\_\_ Tools to be Returned \_\_\_\_\_

Scheduled Vacations \_\_\_\_\_ Scheduled Inspections \_\_\_\_\_