

# OREGON SITE PRE TASK PLANNING WORKSHEET

<b>Contractor:</b>	<b>Work Area:</b>	<b>Effective Date:</b>
<b>Description of work:</b>		

**A. SAFETY:** Please describe control measures on the job step matrix below for any Safety item checked "Yes."

	Yes	No
1. Is barricading and or signage required to protect personnel, facilities or equipment?		
2. Will work involve live systems or energized equipment?		
3. Is lockout / tagout of energized systems required?		
4. Will work involve exposure to falls of 6 feet or greater?		
5. Are ladders, Mobile Elevated Work Platform (MEWP), scaffolds or work platforms needed to perform task?		
6. Will the task be adjacent to process equipment/piping containing chemicals?		
7. Will the task involve the use of chemicals?		
• Does approval still need to be obtained to use any of these chemicals on site?		
• Do Material Safety Data Sheets still need to be obtained?		
• Are any containers missing labels or information? (Contents & hazards are required on label)		
• Does the work generate waste of chemicals?		
• Will the work generate odors? (Requires posting of odor notification & notifying security at 3-3333)		
• Are any chemicals stored improperly?		
• Does task require special PPE?		
8. Does this task require the demolition of electrical/chemical systems or equipment?		
9. Does this work involve removing floor tile and/or working under the raised floor?		
10. Will weather conditions affect the safe completion of this task?		
11. Will work involve using sharp tools or materials (Example: Saws, knives, sheet metal, unistrut, etc)?		
12. Will work take place in an area where environmental cut hazards (sharp objects) exist?		
13. Will work involve employee exposure to hazardous noise levels (>85 dBA, need to yell to overcome noise)?		

**B. POTENTIAL IMPACTS:** Please describe control measures for any items that involve or could impact the following on the back side of this form:

	Yes	No	
If "YES" is checked in section B.1, B.2, B.5, B.11, and/or B.12 contact your Construction Coordinator for assistance before proceeding with work.	1. Fire Detection -Smoke Detectors IR/UV/HSSD/VESDA?		
	Safety Shower, Eye wash, Leak detection?		
	Evacuation Speakers?		
	Hazardous Gas/BCD Systems?		
	Security/Life Safety Systems?		
	Ion Emitter/Particle Counter/Clocks?		
	2. Will work involve climbing or standing on equipment or utility systems?		
	3. Will work involve excavation, digging, drilling or driving materials into the ground?		
	4. Does the project involve a tool or equipment move? (What is your move path?)		
	5. Do switches, buttons, pipes, gauges, or valves need to be protected or supported?		
6. Is an electrical power supply other than spider boxes being used? (If "yes" document appropriate approval process followed on the back side of this form?)			
7. Does the work require flushing or discharging of fluids?			
8. Does the work involve the use of restricted tools? (sawfall, metal fish tape, resistance style meter)			
9. Have locates been performed before drilling, coring, or rotohammering on facility structures?			
10. Will work involve interruption or redirecting of vehicle or pedestrian traffic?			
11. Is work within 3 feet of production tools or systems? Are any of the below present? If "yes contact CC			
• Unprotected valves?			
• Unprotected switches?			
• Unprotected gas or chemical lines?			
• Unprotected cables or hoses?			
• Sprinkler heads?			
• Poorly guarded EMO's/EPO's?			
• Other unprotected items that may be impacted?			
12. Does work involve modification of a tool or a system that is post construction?(SIPP REQUIRED)			
Tool#	System#	Panel/ #	Circuit/POC#

**C. PERMITS:** Are any of the following permits required to perform task?

SIPP  Hot Work (NEHW)  EWN / EEW  Lift Plan  MEWP  Confined Space

**D. PPE (Personal Protective Equipment):** Is any of the following PPE required to perform task?

Fall Arrest	Hearing Protection	Head	Foot/Toe	Eye	Reflective Vest	Face Shield	Respirator	Other (note on back)
1. What type of gloves does your task require?	Kevlar	Rubber	Leather	Cotton	Latex	Chemical*	None**	

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\* Specify type of chemical glove on the back; \*\* Document on the back why gloves are not required.

<b>E. MUSCULOSKELETAL RISK FACTORS:</b> Please describe on back of form for any items checked "Yes".					Yes	No
1. Should material handling equipment be used to move/lift materials (i.e. forklift, pallet jack, chain fall)?						
2. Does this task require periodic stretching?						
3. If manual material handling is required, Does material exceed 35 lbs. in weight?						
4. Does your task involve any musculoskeletal risk factors listed below?						

	Y	N	Risk Factor Source:	Awkward Postures:	Y	N	Risk Factor Source:
Forceful Exertion				Shoulders			
Vibration				Neck			
Contact Stress				Back			
Repetitive Motion				Knees			
Static Postures				Arms			

## F. EMERGENCY EQUIPMENT AND EXIT LOCATIONS: (know where you are)

	Bay/chase or Column # or grid line	Comments:
Nearest Exit		
Nearest phone		
Fire Extinguisher		
Eye Wash/ Shower		

## G. GENERAL NOTE: Signature of foreman indicates completion of following activities:

1. Work area has been walked by crew to identify safety and/or impact concerns.
2. Area is safe to work in (i.e. housekeeping, guarding, congestion, work surfaces, access).
3. Work has been coordinated with other crafts in the area.
4. All tools and equipment are safe and in good condition (includes assured grounding, slings, hand tools, etc.)
5. All necessary training for this task has been completed.
6. All new employees have been familiarized with work area.
7. Sufficient personnel have been assigned to complete this task safely.
8. Emergency exits and equipment have been identified (phones, fire extinguishers, eyewashes, etc.).
9. Contingency plans have been developed for unexpected events (medical emergency and/or equipment failure).

Foreman Signature \_\_\_\_\_ CC Signature \_\_\_\_\_  
(when required)

**EHS Signature** \_\_\_\_\_  
Refer to Fall Protection  
BKM for criteria

Sequence of Basic Job Steps	Hazards Involved in Completing Steps	Method to Eliminate Hazards



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**IF WORK CONDITIONS OR ACTIVITIES CHANGE, WORK MUST STOP  
UNTIL TASK PLAN IS REVISED AND REVIEWED BY CREW**

## **IMPACT MITIGATION DESCRIPTION**

PLEASE USE THIS AREA TO DETAIL OR SKETCH YOUR MITIGATION PLANS (if needed)

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### **PTP Auditor Comments**

**Audited by:** \_\_\_\_\_

**Comment:** \_\_\_\_\_

**Audited by:** \_\_\_\_\_

**Comment:** \_\_\_\_\_

**Audited by:** \_\_\_\_\_

**Comment:** \_\_\_\_\_