

ROBINS & MORTON PRE-TASK PLANNING

PROJECT NAME / LOCATION:		TASK LOCATION:	
DATE:	TIME: am pm	LEADER COMPLETING REVIEW:	
EMERGENCY PHONE #:		EMERGENCY ASSEMBLY POINT:	
DESCRIBE THE TASK TO BE COMPLETED:			

PRE-TASK REVIEW (Use the Lines Below to Write in the Steps/Hazards/Control Measures)

LIST ALL STEPS OF THE TASK	IDENTIFY ALL HAZARDS (review pg. 2 for "Hazards to Consider")	IDENTIFY HAZARD CONTROL MEASURES (review pg. 2 for "Control Measures")

MINIMUM PPE REQUIRED EVERY DAY	ADDITIONAL PPE REQUIRED FOR THE TASK (check all that apply)	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Short Sleeved Work Shirt – 4' Inch Sleeves <input checked="" type="checkbox"/> Sturdy Long Pants <input checked="" type="checkbox"/> Work Boots (Sturdy Leather Construction) <input checked="" type="checkbox"/> Gloves (Cut Resistant Hand Protection) 	<ul style="list-style-type: none"> <input type="checkbox"/> Eye/Face Protection (list): _____ <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Arm Protection (Kevlar sleeves) <input type="checkbox"/> Personal Fall Restraint / Arrest Equipment <input type="checkbox"/> Horizontal Life Line <input type="checkbox"/> Vertical Life Line (Rope Grab) <input type="checkbox"/> Retractable Lanyard <input type="checkbox"/> Fall Limiter 	<ul style="list-style-type: none"> <input type="checkbox"/> Respirator (Must be trained/fit tested) <input type="checkbox"/> Safety Vests (High Visibility) <input type="checkbox"/> Steel Toed Boots (foot protection) <input type="checkbox"/> Metatarsal Guards (foot protection) <input type="checkbox"/> Rubber Boots (chemical / concrete) <input type="checkbox"/> Welding Goggles / Welding Hood <input type="checkbox"/> Fire Retardant Clothing <input type="checkbox"/> Chemical Hand Protection <input type="checkbox"/> OTHER: _____

TOOL / EQUIPMENT CONSIDERATIONS (check all that apply)	SAFETY DATA SHEETS (check if app)	ADDITIONAL SAFETY CONSIDERATIONS (check all that apply)	
<ul style="list-style-type: none"> <input type="checkbox"/> Right for Task <input type="checkbox"/> Emp. Trained <input type="checkbox"/> Use as Intended <input type="checkbox"/> Knives / Sharps <input type="checkbox"/> Guards in Place <input type="checkbox"/> Good Condition <input type="checkbox"/> Worker Exp <input type="checkbox"/> Right Tool 	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed with Employee <input type="checkbox"/> PPE in Place for Exp <input type="checkbox"/> SDS Location Known <input type="checkbox"/> SDS Reviewed: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Distraction in Area <input type="checkbox"/> Access / Egress to Area <input type="checkbox"/> Heat / Cold <input type="checkbox"/> Fitness for Duty 	<ul style="list-style-type: none"> <input type="checkbox"/> Prev. Lessons Learned <input type="checkbox"/> Buddy System <input type="checkbox"/> Other Trades in Area <input type="checkbox"/> Body Position / Ergo

PRE-TASK REVIEW EMPLOYEE SIGNATURES / CERTIFICATIONS

I HAVE BEEN BRIEFED ON MY WORK TASK, THE HAZARDS WITH MY WORK TASK, AND THE SAFE WORK PROCEDURES FOR DOING THIS JOB. IF I AM INVOLVED IN A NEAR HIT OR ANY INCIDENT WHETHER I AM INJURED OR NOT I WILL REPORT THIS IMMEDIATELY TO MY SUPERVISOR. I UNDERSTAND THAT DISCIPLINARY ACTION MAY BE IMPOSED IF I DO NOT FOLLOW THE WORK RULES. I WILL COMPLETE 12 SECONDS TO SAFETY BEFORE THIS TASK.

PRINT NAME & SIGN NAME IN ONE BOX

1.	4.	7.
2.	5.	8.
3.	6.	9.

POST TASK REVIEW (SUPERVISOR TO COMPLETE POST TASK REVIEW WITH EMPLOYEES)

Is Task Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Area Cleaned Up? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Hazards Protected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Permits Closed Out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Locks/Tags Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Did the Task Go as Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No – Identify Learning Opportunities)
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POST TASK SIGN OFF - BY SIGNING I ATTEST THAT I HAVE COMPLETED THIS TASK AND HAVE NOT BEEN INJURED

PRINT NAME & SIGN NAME IN ONE BOX - TIME TASK COMPLETED: _____ am/pm

1.	4.	7.
2.	5.	8.
3.	6.	9.

SUPERVISOR SIGN OFF – TIME SUPERVISOR SIGN OFF: _____ am/pm

SUPERVISOR NAME:	SUPERVISOR SIGNATURE:
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FILE THIS PRE-TASK REVIEW FORM 150a IN THE PROPER BINDER UPON COMPLETION

