Pre-task plan

FieldSafetyTalk

Fill in before work starts. Review it with the crew and collect signatures.

Project _____ **Date** _____

Work location _____ **Start time** _____

Crew / work area _____ **Trade** _____

Prepared by _____

Work scope

What the crew is doing, where, with what equipment, and anything unusual about today

Governing standards

The rules that apply to this task (e.g. 29 CFR 1926 Subpart M, a state plan, EM 385-1-1)

Hazards and control measures

Low / Medium / High: the risk that remains after the control

Hazard / risk	Control measure	Residual risk

Personal protective equipment

Equipment	Specification / standard	Why required

Required training and work permits

Training / certification the crew must hold

Work permits needed

- ☐ Hot work
- ☐ Confined space
- ☐ Excavation
- ☐ Energized work
- ☐ Critical lift
- ☐ Other:

Emergency

Nearest hospital / clinic _____ **Emergency number / who to call** _____

Muster point _____

Rescue plan (who, how) _____

Pre-shift action items

Action	Responsible (role)	Done

Crew sign-in

#	Name	Company	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Reviewed and approved by the competent person

Name _____ **Title** _____

Date _____ **Signature** _____