Pre-job safety meeting form

Date _____ **Time** _____

Job and location _____ **Meeting led by** _____

Company or crew _____ **Permit or work order number** _____

Scope and steps

What are we doing, and in what order?

_____

_____

_____

Hazards on this job

Check all that apply.

- ☐ Falls from height
- ☐ Struck by or caught in
- ☐ Pressure or stored energy
- ☐ Electrical
- ☐ Heat, cold or weather
- ☐ Fire or ignition sources
- ☐ Gas, fumes or dust
- ☐ Lifting or rigging
- ☐ Vehicles and traffic
- ☐ Simultaneous operations

Controls and PPE

How will each hazard be controlled?

_____

_____

_____

Roles and communication

Who leads, who watches, how do we talk?

_____

_____

_____

Emergency plan

Muster point, nearest help, who calls it in.

_____

_____

_____

Stop-work reminder

Anyone can stop the job. Nobody gets in trouble for it.

- ☐ Everyone knows they can stop the work
- ☐ We stop if the job or conditions change
- ☐ We talk again before restarting

A starting point. Adapt it to your equipment, your procedures and the rules that apply to you. Free template from portalbaseai.com

Sign-on

Name (print)	Signature	Date