Pre-task plan

Date _____ **Job or project** _____

Location _____ **Crew lead** _____

Permits needed _____ **PPE required** _____

Task

What are we doing, in one or two lines.

_____

_____

Steps, hazards and controls

Step	Hazard	Control	Who

Stop-work triggers

What makes us stop and regroup. Anyone can call it.

_____

_____

_____

Sign-on

Name (print)	Signature	Date