

PRE-TASK PLANNING WORK SHEET

This information is to be completed by the Crew Foreman and reviewed by the Crew daily or when conditions change.

Project Location: _____**Unit/System:** _____**Date:** _____**Shift:** _____**Crew Foreman:** _____**Supervisor:** _____**Manpower:** _____

TASK: 1
ACTIVITIES:
TOOLS/EQUIPMENT/MATERIALS:
HAZARDS/CONCERNS:
IMPLEMENTED CONTROLS/INSTRUCTION:
TASK: 2
ACTIVITIES:
TOOLS/EQUIPMENT/MATERIALS:
HAZARDS/CONCERNS:
IMPLEMENTED CONTROLS/INSTRUCTION:
TASK: 3
ACTIVITIES:
TOOLS/EQUIPMENT/MATERIALS:
HAZARDS/CONCERNS:
IMPLEMENTED CONTROLS/INSTRUCTION:
TASK: 4
ACTIVITIES:
TOOLS/EQUIPMENT/MATERIALS:
HAZARDS/CONCERNS:
IMPLEMENTED CONTROLS/INSTRUCTION:



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Is any tool/equipment/material not on hand? NO ___ YES ___ If yes, which ones? _____

Are there additional hazards? NO ___ YES ___ If yes, which ones? _____

Are permits required? (Confined space/hot work) NO ___ YES ___ If yes, list task and permit required. _____

How do our activities affect contractors around us? _____

How do other contractors around us affect our activities? _____

Have we communicated with these other contractors? NO ___ YES ___ Who _____

This Pre Task Plan must be reviewed by the foreman and signed by all workers involved prior to starting any work

	PRINT	SIGN
Crew: _____ / _____		
Crew: _____ / _____		
Crew: _____ / _____		
Crew: _____ / _____		
Crew: _____ / _____		
Crew: _____ / _____		
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	PRINT	SIGN
Crew: _____ / _____		
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Crew: _____ / _____		
Crew: _____ / _____		

END OF SHIFT (note any safety concerns, task procedures, tools, equipment, or materials that should be addressed): _____

