



## Task Planning

Project Number:  
 Project Name:  
 Project Address:  
 City / State / ZIP:  
 Project Contact:  
 Notes:

Report Date:  
 Completed By:  
 Completed By Email:  
 Customer Name:  
 Customer Address:  
 City / State / ZIP:  
 Customer Contact:

### General Details

Please fill-in general details related to the planned task(s).

#	Item/Questions	Comments
1.	Floor/Area	
2.	Task to be completed	
3.	Start Date & Time	
4.	End Date & Time	
5.	Housekeeping plan	
6.	Material delivery and storage plan	
7.	Associates JHA/JSA's (if applicable)	

### Task Specific Details

Considering the work to be done, answer Yes or No to all questions.

#	Item/Question	Yes	No	NA	Comments
1.	Does every crew member know how to use the assigned tools and equipment?				
2.	Does this work require special training?				
3.	Do you need additional or special personnel for this task?				
4.	Do you need additional or special materials and tools to do the job?				
5.	Do you need to review an SDS to proceed with this work?				
6.	Is there adequate light and access to and in the work area?				
7.	Will weather conditions (heat, rain, cold, etc.) affect the safety or quality of this work?				
8.	Does this task require shutdown of systems or equipment?				
9.	Are there occupied spaces adjacent above or below the work area?				
10.	Have shop drawings, contract drawings, and As-Built's been reviewed?				
11.	Will there be any discharge of fluids?				
12.	Do subcontractors need to be involved?				
13.	Does this task require any special permits or procedures? (If Yes, enter related details in the comment section.)				
14.	Are employees assigned a partner?				
15.	Do Employees know the locations of fire extinguishers, eye washes and phones?				
16.	Does the work involve awkward positions, heavy, and/or repetitive lifting?				
17.	Will the work involve the use of any chemicals, such as solvents, or other hazardous materials? (If Yes, attach the safe handling and disposal plan details to this form.)				



**Task Specific Details**

Considering the work to be done, answer Yes or No to all questions.

#	Item/Question	Yes	No	NA	Comments
18.	Will work include the use of welders, grinders, or any other tool or process or procedure that could cause sparks or flames?				
19.	Will crew members be working above 6' high and need fall protection?				
20.	Will this work scope require any traffic or pedestrian disruptions?				
21.	Will this work require any of the following: Public interface?				
22.	Traffic control?				
23.	Barricade/Signs?				
24.	Chemical exposure?				
25.	Ventilation?				
26.	Electrical hazard?				
27.	Open flame?				
28.	Fall hazzard?				
29.	Asbestos/Lead?				
30.	Overhead hazzard?				
31.	Fall protection PPE?				
32.	Full body PPE?				
33.	Hearing protection?				
34.	Face protection?				

**Crew**

#	Employee Name	Signature	Signature Date/Time	Comments
1.	100 / Employee 1		06/22/2021 17:02	
2.	101 / Employee 2		06/22/2021 17:02	

**Acknowledgement**

SIGNATURE NAME	SIGNATURE	SIGNATURE DATE/TIME	SIGNATURE NOTE
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