

Pre - Task Plan

Company: _____

Task:	Location:	Responsible Person:	Date:																																																					
Process: How are we doing it?	Hazards: What could go wrong?	Risk Ranking: Use Risk Matrix	Controls: What are we doing about it?																																																					
		Post risk task identified as Medium or High require apporval from your company and safety representative.																																																						
Specialized PPE:		<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="6">Risk</th> </tr> <tr> <th colspan="2"></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <th colspan="2"></th> <th>Near Impossible</th> <th>Unlikely</th> <th>Notable Chance</th> <th>Likely</th> <th>Almost Certain</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Severity</td> <td>1 Insignificant</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>2 Minor Injuries</td> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <td>3 Notable Injuries</td> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <td>4 Major Injuries</td> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <td>5 Death</td> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> </tbody> </table>			Risk								1	2	3	4	5			Near Impossible	Unlikely	Notable Chance	Likely	Almost Certain	Severity	1 Insignificant	1	2	3	4	5	2 Minor Injuries	2	4	6	8	10	3 Notable Injuries	3	6	9	12	15	4 Major Injuries	4	8	12	16	20	5 Death	5	10	15	20	25	
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Face Shield <input type="checkbox"/>		Fatal 10:																																																						
Hearing Protection <input type="checkbox"/>		Fall Exposures <input type="checkbox"/>																																																						
Personal Fall Protection <input type="checkbox"/>		Mobile Equipment <input type="checkbox"/>																																																						
Kevlar Sleeves <input type="checkbox"/>		Scaffolds <input type="checkbox"/>																																																						
Metatarsal Protection <input type="checkbox"/>		Vehicle Operations <input type="checkbox"/>																																																						
Chemical Boots <input type="checkbox"/>		Caught In/Between/Struck By <input type="checkbox"/>																																																						
Respirator <input type="checkbox"/>		Underground Utilities/Excavation <input type="checkbox"/>																																																						
Goggles <input type="checkbox"/>		Confined Space <input type="checkbox"/>																																																						
Fire Rated Clothes <input type="checkbox"/>		Cranes and Rigging <input type="checkbox"/>																																																						
Chemical Gloves <input type="checkbox"/>		Stored Energy / Electrocutation <input type="checkbox"/>	Pre Risk: Likelyhood + Severity After Controls																																																					
Cut Reisistant Gloves <input type="checkbox"/>	Pre Risk: Likelyhood + Severity Before Controls	Fire and Explosion <input type="checkbox"/>	Pre Risk: Likelyhood + Severity After Controls																																																					
3 Ply Surgical Mask <input type="checkbox"/>	Low Medium High		Low Medium High																																																					
Equipment Used:	Print Name and Signatures:		Permits:																																																					
	1		Special Requirments																																																					
	2																																																							
	3																																																							
List of Critical Controls in place for selcted Fatal 10:	4																																																							
	5																																																							
	6		Confined Space:																																																					
	7		<input type="checkbox"/>																																																					
	8		Energized Electrical																																																					
	9		<input type="checkbox"/>																																																					
	10		Soil Permit																																																					
	11		<input type="checkbox"/>																																																					
			Reciprocating Saw:																																																					
			<input type="checkbox"/>																																																					
			Hot Work																																																					
			<input type="checkbox"/>																																																					
			Crane Lift Plan																																																					
			<input type="checkbox"/>																																																					