

<b>Costco Location #:</b>	<b>Date:</b>
<b>Costco Location Name:</b>	<b>Start Time:</b>

Technician Names	
1)	4)
2)	5)
3)	6)

Safety Topic

Pre-Task Plan	YES	NO
Do you have an injury to report or were you injured the prior working day?	<input type="checkbox"/>	<input type="checkbox"/>
Are enough people assigned to safely complete the task?	<input type="checkbox"/>	<input type="checkbox"/>
Will today's job assignment require lifting, twisting, or bending?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to review MSDS's to proceed with a work assignment?	<input type="checkbox"/>	<input type="checkbox"/>
Are materials and tools adequate to perform the job safely?	<input type="checkbox"/>	<input type="checkbox"/>
Have all tools and equipment been inspected prior to use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the right type and size ladder to perform job duties?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any job safety issues you want to discuss?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the location of the Eye Wash Station ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you Know the Emergency Phone Number and Emergency Exit Route ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the Evacuation Assembly Point and location of First Aid Equipment ?	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment (PPE) - Checkmark Items that apply to Today's Job.			
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Hearing PPE	<input type="checkbox"/> Hand/Arm PPE
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Foot PPE	<input type="checkbox"/> Dust Mask

Job Related Issues:



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