	Power City Electric Safety Management System		Issue Date:	February 2010
			Revision Date:	May 2014
			Revision No.	1
Pre-Job Safety Checklist			Policy Doc:	PJP
			Form / Permit:	PJSC
Preparation: Safety Mgr.	Authority: President	Issuing Dept: Safety	Form 200	Page 1 of 2

JOB # _____ PROJECT NAME: _____

DATE: _____ JOBSITE SUPERVISOR: _____

EACH SPECIFIC JOB CONDITION WILL REQUIRE ADDITIONAL DISCUSSION AND PLANNING. EMPLOYEES DOING THE WORK MUST BE INFORMED OF ALL SAFETY PRECAUTIONS AND WORK PROCEDURES ESTABLISHED FOR THIS JOB.

JOB DESCRIPTION: _____

IN AN EMERGENCY CALL: **EMERGENCY TREATMENT:** **COMPETENT PERSON ASSIGNED TO:**

_____	_____	_____
PCE PROJECT MANAGER	NEAREST HOSPITAL	ELEVATED WORK / RESCUE PLAN
_____	_____	_____
PCE SAFETY COORDINATOR	EMERGENCY PHONE	EXCAVATIONS / SOIL SAMPLE TEST
_____	_____	_____
CUSTOMER EMERGENCY CONTACT	ADDRESS	SCAFFOLDING / INSPECTIONS

PRIOR TO BEGINNING WORK

- | | | |
|---------------------------------------|-------------------------|---------------------|
| 1. REVIEW SCOPE OF WORK | 2. REVIEW DOCUMENTATION | 3. WALK THE JOBSITE |
| 4. LIST ALL REQUIRED SAFETY EQUIPMENT | | |

- | | | |
|---|---|---|
| <input type="checkbox"/> HARD HAT | <input type="checkbox"/> ELEVATED WORK | <input type="checkbox"/> ARC FLASH PPE |
| <input type="checkbox"/> SAFETY GLASSES | <input type="checkbox"/> FALL PROTECTION PPE | <input type="checkbox"/> INSULATED TOOLS |
| <input type="checkbox"/> GOGGLES | <input type="checkbox"/> BARRICADING / CONES | <input type="checkbox"/> RUBBER GOODS |
| <input type="checkbox"/> WORK GLOVES | <input type="checkbox"/> SCAFFOLDING | <input type="checkbox"/> CONFINED SPACES |
| <input type="checkbox"/> HEARING PROTECTION | <input type="checkbox"/> FIRE EXTINGUISHER | <input type="checkbox"/> AIR MONITOR |
| <input type="checkbox"/> FACE SHIELD | <input type="checkbox"/> LOCK BOX / BREAKER LOCKS | <input type="checkbox"/> BLOWER |
| <input type="checkbox"/> SAFETY FOOTWEAR | <input type="checkbox"/> MASTER CONTROL LOCKS | <input type="checkbox"/> RETRIEVAL TRIPOD |
| <input type="checkbox"/> OTHER: _____ | | |

LIST SPECIALIZED TOOLS REQUIRED: _____


LIST EQUIPMENT: ☐ CRANE ☐ FORKLIFT ☐ SCISSOR LIFT ☐ SNORKEL LIFT ☐ BUCKET TRUCK ☐ DIGGER DERRICK

LIST MANPOWER REQUIREMENTS: ☐ JOURNEYMEN # _____ ☐ APPRENTICE(S) _____ % ☐ MATERIAL HANDLER ☐ LINEMEN

LIST REQUIRED "SITE-SPECIFIC" SAFETY FORMS / PERMITS INCLUDING SAFETY ORIENTATION REQUIREMENTS:

OVERALL PROJECT SCHEDULE FROM START TO FINISH: START DATE: _____ END DATE: _____

ESTABLISH PROJECT SCHEDULE FOR WORK UTILIZING THE "LEAN" APPROACH OF A THREE TO FIVE DAY LOOK AHEAD

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PRE-JOB HAZARD ASSESSMENT

LIST POTENTIAL HAZARDS: _____ HAZARD MITIGATION: _____

PRE-JOB ELECTRICAL HAZARDS

- | | | |
|--|--|--|
| <input type="checkbox"/> EXPOSED BUS | <input type="checkbox"/> CAPACITORS | <input type="checkbox"/> INSULATED CONDUCTOR |
| <input type="checkbox"/> EXPOSED CONDUCTORS | <input type="checkbox"/> INDUCED POTENTIAL | <input type="checkbox"/> TEMPORARY POWER |
| <input type="checkbox"/> EXPOSED TERMINALS | <input type="checkbox"/> STATIC POTENTIAL | <input type="checkbox"/> BARRICADES / INSULATION |
| <input type="checkbox"/> OPERATION OF SWITCHES | <input type="checkbox"/> RADIO FREQUENCY | <input type="checkbox"/> ARC FLASH |

CLEARANCES

- | | | |
|---|--|--|
| <input type="checkbox"/> MEDIUM / HIGH VOLTAGE | <input type="checkbox"/> WORKING NEAR PROXIMITY | <input type="checkbox"/> INSULATED TOOLS |
| <input type="checkbox"/> TAG / LOCK – TEST PROCEDURES | <input type="checkbox"/> WORKING CLOSE PROXIMITY | <input type="checkbox"/> JOB HAZARD ANALYSIS |
| <input type="checkbox"/> SHORTS & GROUNDS | <input type="checkbox"/> WORKING DISTANCE _____ FT | <input type="checkbox"/> SAFETY ORIENTATION |

PERMITS

- | | | |
|--|--|--|
| <input type="checkbox"/> EXCAVATIONS / SHORING | <input type="checkbox"/> CONFINED SPACES | <input type="checkbox"/> SCAFFOLDING |
| <input type="checkbox"/> HOT WORK – GRINDING / CUTTING | <input type="checkbox"/> ENERGIZED WORK | <input type="checkbox"/> ASBESTOS / LEAD |
| <input type="checkbox"/> UTILITY OUTAGE | <input type="checkbox"/> ELECTRICAL OUTAGE | <input type="checkbox"/> DOT ROAD WORK |

INDUSTRIAL HYGIENE

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> TOXIC SUBSTANCES TO MONITOR | <input type="checkbox"/> MSDS RECORDS | <input type="checkbox"/> RESPIRATORS |
| LIST: _____ | | <input type="checkbox"/> MEDICAL QUESTIONNAIRE |
| | | <input type="checkbox"/> FIT TEST |

LOTO EQUIPMENT REQUIRMENTS

- | | | |
|--|--|--|
| <input type="checkbox"/> LOCKBOX / LOCKOUT BOARD | <input type="checkbox"/> EQUIPMENT ISOLATION LOCKS | <input type="checkbox"/> CRANE RIDER |
| <input type="checkbox"/> MASTER CONTROL LOCKS | <input type="checkbox"/> LOCKOUT CABLES / STARTERS | <input type="checkbox"/> CRANE STOPS & FLAGS |
| <input type="checkbox"/> CIRCUIT BREAKER LOCKS | <input type="checkbox"/> BLUE FLAG / DERAILER DEVICE | |

TRAINING

- | | | |
|--|---|--|
| <input type="checkbox"/> FALL PROTECTION | <input type="checkbox"/> NFPA 70E ARC FLASH | <input type="checkbox"/> RESPIRATORS |
| <input type="checkbox"/> CONFINED SPACE | <input type="checkbox"/> AERIAL LIFT | <input type="checkbox"/> POWDER ACTUATED TOOLS |
| <input type="checkbox"/> FORKLIFT | <input type="checkbox"/> SCAFFOLDING | <input type="checkbox"/> BUCKET TRUCK |

EMPLOYEE NAME

_____	_____
_____	_____
_____	_____

JOB COMPLETION CHECKLIST

- | | | |
|--|---|---|
| <input type="checkbox"/> ALL MATERIAL REMOVED | <input type="checkbox"/> ALL LOTO DEVICES REMOVED | <input type="checkbox"/> ALL DEBRIS REMOVED |
| <input type="checkbox"/> ALL TOOLS ACCOUNTED FOR | <input type="checkbox"/> ALL EQUIPMENT REMOVED | <input type="checkbox"/> OTHER: _____ |