

Job Name/Number

Temperature: \_\_\_\_\_

Wind Speed: \_\_\_\_\_

Location of Work:		Date:	
Task description:		Company :	
<b>Minimum PPE</b>	<b>Hard Hat</b>	<b>Glasses</b>	<b>Gloves</b>
			<b>High Vis</b>
<b>Additional PPE</b>	<b>Step 1 - List the steps</b>		
<input type="checkbox"/> Protective toe	1:		
<input type="checkbox"/> Respirator	2:		
<input type="checkbox"/> Face protection	3:		
<input type="checkbox"/> Hearing protection	4:		
<input type="checkbox"/> Arc flash	5:		
<input type="checkbox"/> Other _____	<b>Step 2 - Identify the hazards</b>		
<b>Inspections</b>	1:	6:	
<input type="checkbox"/> Cranes	2:	7:	
<input type="checkbox"/> Rigging	3:	8:	
<input type="checkbox"/> Excavations	4:	9:	
<input type="checkbox"/> Scaffold/Shoring	5:	10:	
<input type="checkbox"/> Fall protection	<b>Step 3 - Methods to protect our people</b>		
<input type="checkbox"/> Fire extinguishers	1:		
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Other _____	2:		
<b>Documents</b>			
<input type="checkbox"/> Crane Survey	3:		
<input type="checkbox"/> Rigging plan			
<input type="checkbox"/> Pre-Excavation	4:		
<input type="checkbox"/> Confined Space Permit			
<input type="checkbox"/> Hot work permit	5:		
<input type="checkbox"/> JHA # _____			
<input type="checkbox"/> Other _____	<b>Step 4 - COVID-19 Planning</b>		
<b>Special</b>	<i>Does anyone in the crew feel Sick?</i>		
<input type="checkbox"/> Weather	<i>Did any one have contact with someone who has tested positive?</i>		
<input type="checkbox"/> Traffic	<i>How are you protecting your crew ?</i>		
<input type="checkbox"/> Public			
<input type="checkbox"/> Other _____			

Step 5 - Emergency Response		
Primary Contact:		
Alternate Contact:		
Emergency Only:		
Work Location:		
Rally Point:		
Sign In		
1:		
2:		
3:		
4:		
5:		
6:		
7:		
8:		
9:		
10:		
11:		
12:		
End of shift review		
Did any near-misses or incidents occur today?		
Did we clean up our work area and secure all tools and materials?		
<div>YESNO</div>		
What did we do today, that should be performed differently tomorrow?		
What additional equipment, tools and materials do we need for tomorrow?		
Foreman completing end of shift review	Printed name:	
	Signature:	
MUSTER POINT	Interior	Exterior