

PRE-TASK SAFETY PLAN

Foreman: _____ Project Name: _____ Date: _____
 Task/Job Description: Installation of Casework and Equipment

List the Steps of the Job/Task How are we going to do the job?		List the Potential Hazards How can we get hurt doing this job?		List the Hazard Controls to be Implemented What are we going to do to prevent injury?	
1	Unload materials	1	Strains, Trips/falls, Equipment malfunction/congestion, Shifting of loads, Ear damage from noise	1	Familiarize crew with site/conditions, ensure good house-keeping, barricade off unload area, use seat-belts/ladders, use proper lifting techniques and material handling devices, use proper hearing protection, use proper glove for the activity, use only certified/capable operators
2	Distribute materials	2	Strains, Trips/falls, shifting of loads, cuts/scrapes, harm to others	2	Use proper lifting techniques and material handling devices, do not over stack/inproperly stack materials while moving, use proper gloves for the activity, ensure a clear pathway and communicate with other workers in the area
3	Installation of base cabinets	3	Stains, repetitive motion injuries, shifting of loads, use of power tools	3	Use 2 workers per cabinet, use proper glove for activity, do proper stretching to prevent strain to body, use GFCI's on power tools/chargers, use proper cord management techniques
4	Installation of wall cabinets	4	Material/workers falling from heights, strains, material defect/breakage, use of power tools	4	Use 2 workers per cabinet and the proper ladder/hoist, use proper glove for activity, do proper stretching to prevent strain to body, use GFCI's on power tools/chargers, use proper cord management techniques
5	Installation of countertops	5	Strains, pinching of hands/fingers, use of power tools, dust from cutting material	5	Use at least 2 workers for lifting materials, use shims to prevent pinched hands/fingers HEPA filter on saws, use GFCI's on power tools
6	Installation of sinks	6	Strains, pinched fingers, chemical usage	6	Use 2 workers for lifting materials, use clamps when possible to hold material in place, understand SDS and proper PPE for usage
7	Installation of wall shelving	7	Material/workers falling heights	7	Use 2 workers to install materials, use the proper ladder/hoist



8	Installation of filler material	8	Cuts/scrapes	8	Use proper PPE including the proper glove for the activity
9	Assembly of mobile equipment	9	Strains, hit fingers, cuts/scrapes	9	Use 2 workers for assembling materials, use attentive work habits, use the proper glove for the activity
10	Installation of fume hoods/BSC	10	Strains, cuts/scrapes, trip/fall hazards, material falling from heights, pinched hands/fingers	10	Use proper lifting techniques with at least 4 workers and the proper material hoist, use the proper glove for the activity, ensure a clear work space, use shims to set material in place

Hazard Identification Checklist

- | | |
|---|--|
| <input checked="" type="checkbox"/> Falls From Elevations | <input checked="" type="checkbox"/> Equipment Hazards |
| <input checked="" type="checkbox"/> Ladder Hazards | <input checked="" type="checkbox"/> Fire Hazards |
| <input checked="" type="checkbox"/> Slipping/Tripping Hazards | <input checked="" type="checkbox"/> Falling Object Hazards |
| <input checked="" type="checkbox"/> Electrical Hazards | <input checked="" type="checkbox"/> Flying Objects/Debris |
| <input checked="" type="checkbox"/> Power Tool Hazards | <input checked="" type="checkbox"/> Chemical Exposure |
| <input checked="" type="checkbox"/> Strain/Sprain Hazards | <input checked="" type="checkbox"/> Airborne Contaminants |

Personal Protective Equipment Required

- | | |
|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Ear Plugs/Muffs |
| <input checked="" type="checkbox"/> Safety Glasses | <input checked="" type="checkbox"/> Face Shields |
| <input checked="" type="checkbox"/> Gloves (Type: _____) | <input type="checkbox"/> Chemical Goggles |
| <input checked="" type="checkbox"/> Steel Toes | <input type="checkbox"/> Chemical Clothing |
| <input checked="" type="checkbox"/> Traffic Vest | <input checked="" type="checkbox"/> Personal Fall Arrest |
| <input type="checkbox"/> Respirator (Type: _____) | (Harness, lanyard, etc.) |

CREW SIGNATURES

This Pre-Task Safety Plan has been explained to me and I understand the hazards associated with this task and the procedures required to safely complete the task. By signing below, I agree to work according to this Pre-Task Safety Plan.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____