



EXAMPLE PRE-TASK PLAN WORKSHEET

A Pre- Task Plan is required for every activity at Harvard

Contractor Name: _____ Start Date: ____/____/____ Finish Date: ____/____/____
 Work Plan Author: _____ Phone No. _____ DirectConnect #: _____
 Project Supt. _____ Phone No. _____ DirectConnect #: _____
 Safety Rep. Name: _____ Phone No. _____ DirectConnect #: _____
 Location of Work: _____

ANSWER THE FOLLOWING QUESTIONS. ADDRESS 'YES' ANSWERS IN THE WORK PLAN

	YES	NO	N/A
Will task require working on or around live systems or equipment?			
Does the task require any emergency equipment to be available or on standby?			
Fire Extinguishers, Eye Wash Stations/ Showers, Phones? Circle Each Needed			
Has the work been coordinated with other crafts in the area?			
Are the shop drawings, panel schedules, or as-builts needed to complete this task?			
Does this task require special permits/procedures?			
Are additional personnel needed to complete this task safely?			
Does this task require special training (40-Hour HAZWOPER, etc)?			
Do you need to review an MSDS to proceed with this task?			
Will weather or other working conditions affect the safe completion of this task?			
Will you need additional materials, tools or equipment to perform the task safely			
Will workers need PPE training to complete task? Will this task generate hazardous waste or material?			
Will this task impact any pollution prevention systems? (Wastewater, Stormwater system)			
Will the task introduce live chemical into the system?			
Will the task produce significant amounts of dust/fumes/noise/vibration/odors? Circle Each			
Will the work be conducted above six (6) feet?			
Will the task cause any interruptions to Harvard Properties?			
Will any work use clean steam or hot water?			
Will lifting equipment be used? (Lulls, Cranes, Backhoes, etc.)			
Will mobile elevated work platforms (MEWPs) be used?			
Will the task create hazards to people working below?			
Will the task affect perimeter security, or security equipment?			
Will the task require the addition or deletion of security equipment?			
Has Lock Out/Tag Out (LO/TO) of all Hazardous Energy been performed?			
Are any of the following permits or forms required? (Mark all that apply. Permits must be attached to PTP)			
<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation Permit <input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Fuel Storage Permit <input type="checkbox"/> Road Closure Permit <input type="checkbox"/> Critical Lift Plan <input type="checkbox"/> Sidewalk Closure			
Which of the following Personal Protective Equipment will be required during this task (Mark all that apply)			
<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hard Hat <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Kevlar Gloves <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Chemical Gloves <input type="checkbox"/> Rain Gear <input type="checkbox"/> Face Shield <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Electrical Gloves <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Cutting Goggles <input type="checkbox"/> Meta Tarsal Protect. <input type="checkbox"/> Fingerless Gloves <input type="checkbox"/> Poly-Coated Tyvek <input type="checkbox"/> Welding Shield <input type="checkbox"/> Welding Screen <input type="checkbox"/> Welding Gloves <input type="checkbox"/> Chaps <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Resp. <input type="checkbox"/> Tripod/Winch <input type="checkbox"/> Reflective Vest			

Pre-Task Plans must be submitted to Contractor Safety Officer 24-hours in advance of the Start of the Task.

Approval Signatures:

Work Plan Author: _____
 (Print Name) (Signature) (Date)

Area Superintendent: _____
 (Print Name) (Signature) (Date)

Project Safety Manager: _____
 (Print Name) (Signature) (Date)



HARVARD

Campus Services

ENVIRONMENTAL HEALTH & SAFETY

EXAMPLE PRE-TASK PLAN WORKSHEET

WORK PLAN

A Pre-Task Plan is required for every activity at Harvard

#	STEPS REQUIRED TO COMPLETE TASK	ASSOCIATED HAZARDS	ACTIONS TO ELIMINATE OR CONTROL THE HAZARDS	RESPONSIBLE PERSON

Signature (Supervisor):

Date:

Signatures (Crew):

Date:
