

Pre-Task/Take 5 Safety Plan

Date:	Time: AM PM	Task To Perform:
Work Location:		Company Name/Craft: MGE UNDERGROUND - CIVIL WORK

Purpose of Pre-Task Safety Plan: *To identify daily tasks, identify hazards and determine a method to control or eliminate the hazards.*

INSTRUCTIONS: As a team, the supervisor and workers are required to identify hazards and check items which apply to the task. List job tasks in column 1, hazards in column 2, and control method in column 3. Use additional page for more space if needed. ***NOTE: "HIGH RISK" tasks require review by superintendent and project safety manager.**

Weather Conditions: Sunny Cloudy Foggy Windy Raining Snowing Air Temperature: _____

(1) TASK	(2) HAZARDS	(3) CONTROL METHOD

<p><u>Environmental Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> public safety/security <input type="checkbox"/> traffic control <input type="checkbox"/> atmosphere (ventilation required) <input type="checkbox"/> spill potential (containments) <input type="checkbox"/> weather conditions <input type="checkbox"/> SDS (safety data sheets) accessible <input type="checkbox"/> heat stress/cold exposure <input type="checkbox"/> lighting levels (5 foot candles) <input type="checkbox"/> housekeeping (walkways clear) <p><u>Activity Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> welding/grinding (hot work permits) <input type="checkbox"/> burn/heat sources <input type="checkbox"/> compressed gasses <input type="checkbox"/> energized equipment in area <input type="checkbox"/> electrical cords/tools-condition <input type="checkbox"/> equipment/tools inspected <input type="checkbox"/> critical lift meeting required <input type="checkbox"/> lockout procedure in place <input type="checkbox"/> confined space <input type="checkbox"/> moving equipment <input type="checkbox"/> overhead/underground utilities <input type="checkbox"/> other hazards: _____ 	<p><u>Ergonomics Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> working in a tight area <input type="checkbox"/> parts of body in line of fire <input type="checkbox"/> working above your head <input type="checkbox"/> pinch points identified <input type="checkbox"/> repetitive motion <p><u>Work at Height Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> barricades, flagging, and signs <input type="checkbox"/> hole covers in place <input type="checkbox"/> protect from falling items <input type="checkbox"/> aerial work platforms <input type="checkbox"/> others working overhead-below <input type="checkbox"/> fall restraint, fall arrest <input type="checkbox"/> ladders <input type="checkbox"/> scaffolding, rolling scaffolding <p><u>Access/Egress Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> scaffold (inspected and tagged) <input type="checkbox"/> slip/trip potential identified <input type="checkbox"/> required permits in place <input type="checkbox"/> excavations <input type="checkbox"/> internal/external traffic plan <input type="checkbox"/> other hazards: _____ <input type="checkbox"/> other hazards: _____ 	<p><u>Personal Limitations/Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> clear instructions provided <input type="checkbox"/> trained to use tool and perform task <input type="checkbox"/> distraction in work area <input type="checkbox"/> working alone (communication) <input type="checkbox"/> lift too heavy/awkward position <input type="checkbox"/> external noise levels <input type="checkbox"/> physical limitations <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>PPE REQUIREMENTS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hardhat ANSI Z-89.1 <input type="checkbox"/> Class I Safety Vest (minimum requirement) <input type="checkbox"/> Approved work boots (other protection) <input type="checkbox"/> Safety glasses ANSI Z-87.1 <input type="checkbox"/> Goggles/Face shield ANSI Z-87.1 <input type="checkbox"/> Gloves (task specific) <ul style="list-style-type: none"> <input type="checkbox"/> Hearing protection @90 decibels <input type="checkbox"/> Respirator (as needed) <input type="checkbox"/> Personal fall protection harness/lanyard <input type="checkbox"/> Rescue breathers (as required) <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> First Aid kits <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ </div>
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Pre-Task/Take 5 Safety Plan

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|--|-----|----|----|
| 1. Utility locates marked, visible and identified?(overhead/underground) | YES | NO | NA |
| 2. Have SDS been reviewed with the employees for possible chemicals present | YES | NO | NA |
| 3. Safety Department/other organization involved in the planning of this job | YES | NO | NA |

PRE-JOB Briefing Signatures

POST-JOB Briefing Signatures

I have been briefed on the correct procedures for doing this job and fully understand the hazards and The safe work methods to avoid the hazards.	I have received a post-job briefing regarding work performed. Any incidents that arose throughout the day have been Reported and documented regardless of the severity.
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		Any Work Injury?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Foreman's Signature: _____

Phone # _____

Superintendent Signature: _____

Phone # _____

Emergency Contact(s): _____

Phone # _____

POST TASK FOLLOW- UP		
<input type="checkbox"/> No Hazards left behind	<input type="checkbox"/> Equipment/Materials secured	<input type="checkbox"/> Additional barricades needed
<input type="checkbox"/> Excavations properly barricaded	<input type="checkbox"/> Area clean and orderly	<input type="checkbox"/> *No injuries/near misses reported
ADDITIONAL NOTES:		

*** Any injuries or near misses shall be reported to Safety/Operations Management immediately**

Review of Known Utilities								
USA Ticket #:					Response	Yes	No	
Ticket start date:		Ticket expiration:			Gas			
Are 811 locate markings damaged by weather or work activities? Yes No					Electric			
If Any Member Has Failed To Respond Excavation Cannot Begin.					Water			
Post Overhead Warning Signs For Any Lines Within 20 Feet.					Communication			
Pothole Utilities Within 5 Feet Of Excavation Every 50 Feet When Trenching Or Boring.					Fiber Optics/TV			
PG&E Tolerance Zone May Only Be Potholed Below 2,000 PSI					Street Light			
Reduce nozzle pressure for sand backfill.					Sewer			
Keep wand in constant motion.					Irrigation			
	Owner/Type	Utility Material	Wand Pressure	Backfill	Depth	Size	Damage	
1	GAS	Steel Plastic					Yes No	
ALL STEEL GAS LINES REQUIRE PHOTO/VIDEO RECORDING OF PRESSURE GAUGE AND POTHOLING PROCESS/MATERIAL. REDUCE PRESSURES AND MAINTAIN 12 INCHES OF SEPARATION WHEN CONDITIONS ALLOW.								
2							Yes No	
3							Yes No	
4							Yes No	
5							Yes No	
6							Yes No	
7							Yes No	
8							Yes No	
9							Yes No	
Survey Work Site For Pole-Riser, Buried Boxes, Fire Hydrants, Existing Trench Lines, Storm Drain, Signal & Street Lighting.								
USE EXTREME CAUTION WITH CORE DRILL ON STREETLIGHTS, TRAFFIC SIGNALS, AND TRAFFIC LOOPS TO AVOID EMBEDDED FACILITIES.								
Immediately Notify The Subsurface Installation Operator And 811 Of Any Damage To Or Caused By Our Construction Activities. Promptly Inform The General Foreman/PG&E Inspector For Additional Notification. Work Must Cease Until Notification Is Complete.								
Signatures					IF UNMARKED UTILITIES HAVE BEEN LOCATED CALL 811. TREAT ALL FACILITIES AS LIVE UNTIL CONFIRMED OTHERWISE. MAINTAIN ALL TOLERANCE ZONE REQUIREMENTS FOR EXPOSED UNMARKED FACILITY UNTIL IT IS CONFIRMED ABANDONED BY UTILITY OWNER.			
Supervisor:								
Operator:								
Spotter:								
Excavation Guidance:								
Competent person must classify soil regardless of depth, excavation and protective systems installed shall be inspected prior to start of work, before entering the excavation, and through the day.								
All workers and exposed utilities will be protected from excavation cave-ins by use of protective systems as applicable								
Ladders will be utilized for access/egress no more than 25 feet apart in excavations greater than 4 feet in depth, as well as initial air testing								
All materials and/or equipment placed at least 2 feet from the edge of the excavation(s) regardless of depth.								
All open excavations will be attended/safeguarded - if not they will be properly barricaded.								
Location	Soil Classification			Protective System			Excavation Depth	Utility Conflict
1	B	C	C60	Shield	Shore	Bench/Slope		
2	B	C	C60	Shield	Shore	Bench/Slope		
3	B	C	C60	Shield	Shore	Bench/Slope		
4	B	C	C60	Shield	Shore	Bench/Slope		
5	B	C	C60	Shield	Shore	Bench/Slope		
6	B	C	C60	Shield	Shore	Bench/Slope		
Enter the time of test and the results for each location in the section below.								
	Permissible Entry Lvl	Time/Result 1	Time/Result 2	Time/Result 3	Time/Result 4	Time/Result 5	Time/Result 6	
% Oxygen	19.5% to 23.5%							
% LEL	Less than 10%							
CO2	35 PPM (8hr.)							
H2S	10 PPM (8hr.)							

