

Pre-Task Briefing Form

Date:	Dept/Location:	Leader:	Reviewed by:
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What are you getting ready to do?

Is there a written procedure / JSA for this job? Yes No

List Procedure Name / Number:

Have you reviewed the current approved procedure? Yes No

Permits - check those that apply Confined Space Digging Hot Work Roof Work

Error Traps - check and discuss all that apply

Stress, High Workload, Time Pressure - tight time schedule, doing more than one task at a time, anxiety, impatience, lack of proper resources to do the job

Vague / Poor Work Guidance - guidance conflicts with past experience, instructions out of date, errors in instructions

First Time / Infrequent Task - first time YOU have done this task, or it has been longer than 6 months since YOU did it. Unfamiliar with details, no/low experience, implied experience, short duration task

Distractions - feeling pulled in too many directions, getting pulled off another job, not completing original job, what's going on around you and in the workplace in general

Others **Overconfidence in abilities** **Poor or Unclear Communications**
 End of Shift or work cycle **First day back after > 4 days away**

Hazard Assessment - check all that apply

<input type="checkbox"/> Troubleshooting	<input type="checkbox"/> Machine Guard bypassed/removed	<input type="checkbox"/> Confined Spaces
<input type="checkbox"/> Different Level Fall	<input type="checkbox"/> Body Placement / Stability	<input type="checkbox"/> Difficult Access
<input type="checkbox"/> Slips / Trips	<input type="checkbox"/> Lifting / Pulling / Pushing	<input type="checkbox"/> Close Clearance/Congestion
<input type="checkbox"/> Truck / Crane Traffic	<input type="checkbox"/> Excessive Reaching, Bending, Twisting	<input type="checkbox"/> Line of fire, struck by, struck against
<input type="checkbox"/> Overload floor plates / roof	<input type="checkbox"/> Repetitive motion / vibration	<input type="checkbox"/> Pinch Points
<input type="checkbox"/> Fluids & Chemicals	<input type="checkbox"/> High or Low Temperatures	<input type="checkbox"/> Hygiene - Gasses, Dust, Noise, Asbestos, Lead, O2 deficiency, etc
<input type="checkbox"/> Electrical / High Voltage	<input type="checkbox"/> Air / Storm Water / other waste	
<input type="checkbox"/> Power Outage (fire protection, lighting, exit)	<input type="checkbox"/> Other: _____	

List the Critical Steps needed to complete this job

Any step or action that is unrecoverable and if performed incorrently could cause significant harm

Step	What could go wrong?	Countermeasures

What is the worst thing that could happen?

What are the conditions that would STOP this job?

Participating in the Review:
(List all)

Post Review: Did everything go safely as planned? Yes No
 Does this job need a detailed post job review? Yes No

Tools: **Verbalize, Point & Touch** **Step-by-Step** **Stop & Seek Out Help if Unsure**