

(Insert your company logo here)

PRE TASK PLAN

DREX Project Name: _____ DREX Project Number: _____ Date: _____

Project Address: _____ Floor(s): _____ Task/Work Location(s): _____

Description of Work: _____

Weather Description: _____ Any accidents reported from previous shifts? Yes: ___ No: ___

Company Name: _____ Housekeeping required before work begins? Yes: ___ No: ___

HIERARCHY OF CONTROLS	PERMITS REQUIRED?	YES	NO
1. Elimination	1. Guard Rail Removal Permit		
2. Substitution	2. Hot Work Permit		
3. Engineering	3. Energized System/LOTO		
4. Isolation	4. Ground Penetration		
5. Administration	5. Confined Space		
6. Personal Protective Equipment	6. Scaffold Inspection Checklist		

SEQUENCE OF STEPS	HAZARDS WITH EACH STEP	CONTROLS FOR EACH HAZARD

NAME (PRINT):	SIGNATURE:	NAME (PRINT):	SIGNATURE:
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

FOREMAN/COMP. PERSON NAME (print): _____ SIGNATURE: _____