Job or Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person In Charge (PIC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | COMMENTS | YES | NO | N/A |
|  |  |  |  |  |
| Task Defined |  |  |  |  |
| Hazard Analysis Done |  |  |  |  |
|  |  |  |  |  |
| **PPE REQUIRED** |  |  |  |  |
| Hard Hat |  |  |  |  |
| Eye Protection |  |  |  |  |
| Hearing Protection |  |  |  |  |
| Dust Mask |  |  |  |  |
| Hand & Foot Protection |  |  |  |  |
|  |  |  |  |  |
| **HAZARDS** |  |  |  |  |
| Fall protection |  |  |  |  |
| Fire prevention |  |  |  |  |
| Electrical |  |  |  |  |
| Traffic (aircraft/auto) |  |  |  |  |
| Equipment (mowers,saws etc.) |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Reviewed and signed by:

|  |  |
| --- | --- |
| Print Name | Sign |
|  |  |
|  |  |
|  |  |

Continue on back if required