

Pre-Job Briefing

(This form is NOT a substitute for required verbal communication)

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REQUIRED TOPICS TO BE REVIEWED DURING JOB BRIEFING (Check all that apply)

1 - Energy Source Control: (Work Permit Review)

Work Permit Type: Caution Area Work Permit

Work Permit #: _____ Work Order #: _____

Mechanical Electrical Equipment in Service: Yes No

Supervisor's Phone #: _____ Date: _____ Time: _____

PERMITS

ONLY PERFORM WORK THAT IS WITHIN THE AUTHORIZED SCOPE OF WORK AS LISTED ON THE WORK PERMIT.
DO NOT CHANGE THE STATUS OF A PIECE OF EQUIPMENT THAT HAS A STOP TAG APPLIED TO IT.

Daily Job Description: _____

VERIFY DEAD/LOCKOUT-TAG OUT

PROPERLY TEST OR VERIFY THAT EQUIPMENT IS IN A DE-ENERGIZED STATE BEFORE BEGINNING DEAD WORK ACTIVITIES.

2 - Potential Hazards:

<input type="checkbox"/> Asbestos	<input type="checkbox"/> Contact	<input type="checkbox"/> Abate	Type: (e.g., Gasket, Packing, Arc Tape, TSI) _____
<input type="checkbox"/> Haz. Metals	<input type="checkbox"/> Contact	<input type="checkbox"/> Abate	Type: (e.g., Lead, Mercury) _____
<input type="checkbox"/> Oils	<input type="checkbox"/> Contact	<input type="checkbox"/> Handle	Type: (e.g., Lube, Dielectric, PCBs) _____
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Contact	<input type="checkbox"/> Handle	Type: (e.g., Acid, Caustic, EHC, Hypochlorite) _____
<input type="checkbox"/> Lighting	<input type="checkbox"/> Unguarded Openings	<input type="checkbox"/> Heavy Lifting	_____
<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Heat/Cold	<input type="checkbox"/> Slipping/Tripping	_____
<input type="checkbox"/> Hanging Objects	<input type="checkbox"/> Rotating Equipment	<input type="checkbox"/> Noise	_____
<input type="checkbox"/> Flammables	<input type="checkbox"/> Energized Equipment	<input type="checkbox"/> Other:	_____

Comments: _____

3 - Work Procedures Involved:

<input type="checkbox"/> Confined Space	<input type="checkbox"/> MSDS	<input type="checkbox"/> Fire Guard
<input type="checkbox"/> Ladder/Scaffolding	<input type="checkbox"/> Rigging/Hoisting	<input type="checkbox"/> Burning/Welding
<input type="checkbox"/> Non-Asb. Insulation	<input type="checkbox"/> Bulk Sampling	<input type="checkbox"/> Waste Disposal
<input type="checkbox"/> Troubleshooting	<input type="checkbox"/> GEI/GSI	<input type="checkbox"/> High Voltage Testing

Other: _____

Comments: _____

4 - Special Precautions:

<input type="checkbox"/> Air Monitoring	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> GFCI	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Welding Blankets
<input type="checkbox"/> Regulated Area	<input type="checkbox"/> Spark-free Tools	<input type="checkbox"/> Eyewash/Emerg. Shower
<input type="checkbox"/> Tool Condition	<input type="checkbox"/> Other: _____	

Comments: _____

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Work Permit #: _____

Date/Time: _____

5. Personal Protective Equipment Required:

HIGH HAZARD ENERGY PPE

USE THE APPROPRIATE RUBBER GLOVES, RUBBER SLEEVES, FIRE RETARDANT CLOTHING AND EYE PROTECTION/ FACE SHIELD AS REQUIRED FOR ELECTRICAL WORK

<input type="checkbox"/> Head	<input type="checkbox"/> Face	Gloves:	<input type="checkbox"/> Work	<input type="checkbox"/> Neoprene	<input type="checkbox"/> Nitrile Flock Lined	<input type="checkbox"/> Nitrile Disposable
<input type="checkbox"/> Eye	<input type="checkbox"/> Foot		<input type="checkbox"/> Latex	<input type="checkbox"/> High Temp.	<input type="checkbox"/> Welders	<input type="checkbox"/> Electrical
<input type="checkbox"/> Ear	<input type="checkbox"/> Respirator		<input type="checkbox"/> Correct Cartridge	<input type="checkbox"/> FR/CR Clothing	<input type="checkbox"/> Other: _____	

Comments: _____

ATMOSPHERIC TESTING

PERFORM ATMOSPHERIC TESTING BEFORE ENTERING AND WHILE WORKING IN AN ENCLOSED SPACE.

RESCUE/RETRIEVAL

A PERMIT-REQUIRED CONFINED SPACE AND EXCAVATIONS GREATER THAN 4 FEET IN DEPTH
USE ENCLOSED OR PERMIT-REQUIRED CONFINED SPACE RESCUE EQUIPMENT AS REQUIRED.

6 - Required Forms:

Confined Space Scaffold Check Asbestos Non-ACM Lead
Checklists: Pre Operational Overhead Crane Insp. Suspended Powered Scaffold Authorization Operator's Elevating Insp.
 Chain Hoist Pre-Use Insp. Other: _____

"I have participated in this job briefing, understand the work being performed, understand my role in this job, understand the hazards associated with this job and my PPE requirements."

1. _____

8. _____

2. _____

9. _____

3. _____

10. _____

4. _____

11. _____

5. _____

12. _____

6. _____

13. _____

7. _____

14. _____

Comments: _____

In case of emergency notify the Control Room (555) 123-4567 and your supervisor.
If a safety issue develops concerning any aspect of the job, contact your supervisor or station EHS before starting or continuing work.

Job Brief Given By: _____

Supervisor: _____