

Pre-Task



Header

Submission ID	192547	Submission Date	2023-11-23 16:15:54
Form Created Date	2023-11-23 16:13:45	Date	2023-11-23
Submitted By	Anto, Thomas	Supervisor	Anto, Thomas
Site	225 Fielding Office	Department/Job	Office
Area/Level	Board Room	Workplace	SDS
Shift	Afternoons		

Pre-Task Assessment

Assigned Tasks to be Performed	SDS
Workplace Score	5
Job Definition Score	5
Experience Score	5

Worst Case Scenario

List the worst thing that can happen to you or your coworkers at your workplace	SDS
What are you doing about it?	SDS

Safety Checks

Why are you BEING SAFE?	SDS
Is the travelway in good order?	Yes
Is the housekeeping in good order?	Yes
Is the ventilation in good order? (Condition, Volume, Quality)	Yes
Is dust control in good order?	Yes
Are ground conditions in good order?	Yes
Are communication tools in good order? (radio, telephone etc.)	Yes
Are the signs and barricades in good order?	Yes
Are your hand tools in good order?	Yes
Do you require/have locks and tags?	Yes
Do you have the proper PPE?	Yes
Do you have a hot work permit?	Yes
Do you have the SDS for the chemicals you are using?	Yes
Will you be working at heights and require a rescue plan? Or do you require a travel restraint?	Yes
Are you registered for Working Alone?	Yes
Do you have the prints, procedures or risk assessments for your work?	
Have you communicated with the mobile equipment operators in the area?	Yes
Comments	SDS
I am committed to working safety!	Yes
Supervisor Comments	SDS

Workplace Conditions

Start State Details
None

Start State Pictures of the Workplace

2022-07-19 14:23:04

End State Details
SDS

End State Pictures of the Workplace

No Data Available

Signatures

Supervisor Signature	Manager Signature	Other Signature
2023-11-23 16:15:54	2023-11-23 16:15:54	2023-11-23 16:15:54

Review

End of Shift Review
2023-11-23 16:15:54

Report Distribution

Distribution	No Data Available
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Reviewers

Name	Position	Date
No Data Available		