



Pre-Task Plan Check List

Crew Foreman Review

Elect. Sup. (if applicable)

PSU EHS Review

PROJECT: Name or # Campus Beautification	Start Date
Building: NW side of Cramer Hall	10/12/2016
Floor::	End Date
Crew Size:	

Ask the following during evaluation of your work and select “Yes” or “No” as it applies to the task:

- | | | | |
|------------------------------|--|------------------------------|---|
| Yes <input type="checkbox"/> | Have you personally walked your work area? | No <input type="checkbox"/> | Does this task require disassembly of systems or equipment? |
| Yes <input type="checkbox"/> | Are enough personnel assigned to this task to complete it safely? | No <input type="checkbox"/> | Does this work require flushing or discharging of fluids? |
| Yes <input type="checkbox"/> | Will weather conditions affect the safe completion of your task? | Yes <input type="checkbox"/> | Have all portable electric equipment and tools been inspected prior to use? |
| No <input type="checkbox"/> | Have ALL the air intakes been identified? | Yes <input type="checkbox"/> | Should the EHS department be involved in planning? |
| No <input type="checkbox"/> | Does this task require special training? | Yes <input type="checkbox"/> | Has the work been coordinated with other work in the area? |
| No <input type="checkbox"/> | Dust/fume/odor/exhaust control devices in place and operating? | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |
| No <input type="checkbox"/> | Does this task require any permits / procedures? | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |
| No <input type="checkbox"/> | Are all hazardous materials properly labeled? <input type="checkbox"/> | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |
| No <input type="checkbox"/> | SDS reviewed? | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |
| No <input type="checkbox"/> | Will your work impact existing buildings/occupants? <input type="checkbox"/> | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |
| Yes <input type="checkbox"/> | Have employees been trained in the proper usage of required PPE? | No <input type="checkbox"/> | Are shop drawings and as-builts on hand? |
| Yes <input type="checkbox"/> | Have necessary containments been established? | No <input type="checkbox"/> | Have all Utility outages been pre-scheduled? |
| No <input type="checkbox"/> | Should PSU CPSO be notified? <input type="checkbox"/> | No <input type="checkbox"/> | Are you familiar with the evacuation routes? |

Circle/Check if any of the following apply to the task being planned here (attach additional information needed):

- | | | |
|--|--|---|
| <input type="checkbox"/> LOTO (Lockout/tagout) * | <input checked="" type="checkbox"/> Eye/Face PPE | <input type="checkbox"/> Respirator/Dust Mask * |
| <input checked="" type="checkbox"/> Barricades/Control Zones/Signage | <input checked="" type="checkbox"/> Hand/Arm PPE | <input type="checkbox"/> Emergency Spill Kits/Response Tools |
| <input type="checkbox"/> HazCom/MSDS/Labels | <input type="checkbox"/> Full Body PPE | <input type="checkbox"/> Ventilation/Exhaust Equipment |
| <input type="checkbox"/> Energized Electrical Hot Work * | <input type="checkbox"/> Hearing PPE | <input type="checkbox"/> Scaffolds |
| <input type="checkbox"/> Non-Electrical Hot Work * | <input type="checkbox"/> Fall Protection PPE | <input type="checkbox"/> Flush/Discharge |
| <input type="checkbox"/> Dust Control/Exhaust/Containment | <input type="checkbox"/> Confined Space Entry * | <input checked="" type="checkbox"/> Gas Testing/Atmosphere Monitoring |

The tasks for this PTP, in the manner in which they will be performed in the specific work area, have been reviewed and the workers on this crew have been given the required instructions and training.

Crew Member's Names / Signatures required

*** Unless a Contractor has provided their own program, PLEASE reference the appropriate PSU Program and follow that program accordingly.**

Task to be accomplished: **Planting one gallon plants at NW corner of Cramer Hall**

Author/Planner: **Karen B. and committee**

Date plan prepared: **10/10/2016** Housekeeping plan: (daily cleanup required)

SEQUENCE OF CONSTRUCTION ACTIVITIES	HAZARD ANALYSIS (Identify potential hazards)	METHOD/S TO ELIMINATE (Control measures)
1. Traffic control for pedestrians and vehicular traffic.	Struck by... Proximity to streetcar.	Crew leader/spotter will wear orange vest and manage pedestrian and vehicular traffic to protect PSU community and volunteer crew. Crew leader/spotter to watch volunteer crew and warn of proximity to streetcar.
2. Scan area for potential BBP hazards. (landscape crew)	Potential exposure to Bloodborne pathogens, needles.	Landscape crew will scan area before volunteer crew begins work. If anyone should find something, contact Leslie, Susan, or John. PPE: closed toed shoes, gloves with rubber coating
3. Digging holes and planting plants.	Strains and back injuries. Potential for foot injuries. Potential eye abrasion from dirt. Slips/trips/falls - uneven walking surface and holes.	Warm up exercises. Verify everyone is physically capable of conducting task. Use yoga mats for kneeling on the ground. Awareness of trip hazards, take your time. PPE: substantial closed toed shoes, safety glasses, gloves with rubber coating.

Emergency 911

Non-Emergency: **EHS**

PSU Safety # 503-725-9946

Location of nearest: Shower/Eyewash: **USB**

Fire Extinguisher:

If conditions change, the work must STOP and the Pre Task Plan must be updated

Revised: (Rev

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SEQUENCE OF CONSTRUCTION ACTIVITIES	HAZARD ANALYSIS (Hazards Involved)	METHOD/S TO ELIMINATE/ CONTROL HAZARDS

Emergency 911 _____

Non-Emergency: **EHS**

PSU Safety # 503-725-9946 _____

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Revised: / 2 (Rev)

USB