

START with Safety

Pre-Job Safety Briefing Checklist

Rev. 0; Updated 3/26/15



BSD/ESD

1. General Hazards Associated with Field Work:

Check all that apply

- Slips, trips, falls- *Slippery or uneven terrain*
- Electrical hazards associated with work activities
- Hand and portable power tools
- Overhead hazards
- Ergonomics (*i.e. lifting, bending, reaching, twisting, repetitive motions, awkward postures, etc.*)
- Temperatures extremes and weather (*heat/cold stress*)
- Poisonous plants, snakes, biting/stinging insects
- Noise from equipment (*i.e. drill rigs, chainsaws, generators, etc.*)
- Equipment inspections to complete (*where applicable*)
- Driving (seatbelt use, road conditions, hauling, etc.)
- Off road vehicle use (ATV, ATUV, snowmobile)
- Discuss emergency contact information/numbers, hospitals, first-aid locations, shelter in place locations, etc.
- Chemicals to be used (discuss the hazards and controls associated)
- Other: _____

2. Hazards Associated with Project Specific Work:

- Complete all checklists required by work control (*i.e. boating, electrofishing, drilling, etc.*)

3. Personal Protective Equipment (PPE):

- | | |
|---|--|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Protective apparel |
| <input type="checkbox"/> Eye & face protection | <input type="checkbox"/> Gloves & arm protection |
| <input type="checkbox"/> Hearing protection | <input type="checkbox"/> Foot & leg protection |
| <input type="checkbox"/> Respiratory protection | <input type="checkbox"/> Plant/insect cream or spray |
| <input type="checkbox"/> Traffic Vest | <input type="checkbox"/> Other: _____ |

4. Specific Controls (other than PPE): *In the space below describe any special controls that will be utilized to protect employees from the hazards.*

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Please list any observation notes or other comments below (Please let project PI or Operations Support know if an RSS update is needed based upon observations):

Do you need Operations or Safety Services to follow up? Yes
No

**If YES please return this card to a member of your Ops Support Team with your follow up request stated in the notes section above.*

Project Lead/Task Leader: _____

Division: _____ Date: _____

- Ask if anyone has questions (verify that all employees understand the scope of work, the hazards, and controls).