



MP TECHNOLOGIES NON LINEMEN DAILY PRE-TASK MEETING

9938 State Highway 55, Annandale MN 55302 (320)963-2400 (320)963-2438 - fax

Date:	Time:	Site Address:
Customer:	Site City/State:	
Job #:	Work Order #	
Person in Charge :	Line Voltage:	
Person in Charge Signature:	Min. Approach Distance:	
Temperature:	Bend & Stretch:	(0-750 volts = 1'-1") (0.751KV-15.0 KV = 2'-3") (15.1KV-36.0KV = 3'-0")
Locate Ticket #:	Positive Response	Weather Conditions:

EMERGENCY CONTACT INFORMATION - IN ANY EMERGENCY CALL 911

Supervisor Phone Number:	Safety Phone Number:
Nearest Hospital:	
Nearest Medical Clinic:	

WORK ZONE PROTECTION

Utilities w/in Work Zone Potholed & Identified	yes	no	Insulate/Isolate Methods Used	yes	no
High Profile Utilities Spotted When Crossed	yes	no	Pole/Structure Condition	ok	poor
Live Utilities Overhead Identified	yes	no	Identified & Discussed All Points of Potential Energy Release (gas, mech)	yes	no
Directional Drill Grounded	yes	no		Pre-Entry Confined Space Checklist Completed	yes
Excavation Safety Checklist Completed	yes	no	Confined Space Ventilated using Blower	yes	no
Excavations Evaluated by Competent Person	yes	no		Gas Monitor w/in Calibration & used in Confined Space	yes
Spoil Piles At Least 2' Away From Excavation Edge	yes	no	Other:		
Excavation Protective Measures Taken at 5' Depth or Greater	yes	no			
Aerial Lift Safety	yes	no			

SCOPE OF WORK/JOB DESCRIPTION

Pictures taken of property condition prior to work			yes	no
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HAZARD IDENTIFICATION (CHECK ALL THAT APPLY)

Confined Space	Excavations
Electrical - Cords/Tools Inspected	Heavy Equipment-eye contact, proper mount/dismount
Elevation/Site Terrain	Struck By/Caught In-Or Between/Contact With
Falls From Elevations	Overhead Work
Fire Hazards:Equipment, Brush, Trees, Tall Grass	Slips/Trips/Falls
Underground Utilities	Vehicle Traffic-traffic control plan
Heat/Cold Stress-proper hydration/clothing	Noise-hearing protection
Lifting Hazards-stretching/adequate tools/people	Objects Blocking Work Path-Fences, Gates, Landscape, etc.
Silica-water/vacuum dust control	Biological Hazards-Animals, Birds, Insects, Microbiological
Have Required Tools	Visual/Voice/Signal Communication
Hazardous Materials	Proper Rigging/Tag Lines
Spills - containment needed	Dropping Materials/Tools-toe boards, tools/mat'ls secured
Hand Safety-Work Gloves/Pinch Points	Other:

WORK AREA PROTECTION (CHECK ALL THAT APPLY)

Cones/Flashers/Traffic Control Signs	Confined Spaces (manholes, vaults, etc.)
Flaggers Being Used	Spotters Used for Equipment Placement & Vehicle Backing
Public & Pedestrian Safety in Place	Underground Locates - Utilities Potholed
Excavations - Protection Methods Used	Traffic Flow Direction Discussed
Fire Prevention Plan:Wild Fire Competent Person Identified, Watch/Extinguisher/Water Truck/Mow Tall Veg	Ladders Used
Environmental Conditions (lighting, ground conditions & other considerations (slips/trips/falls)	Other:

VEHICLE PROTECTION/INSPECTION (CHECK ALL THAT APPLY) - If answer "No" to any of these questions, DO NOT operate the equipment.

Truck/Trailers Wheels Chocked	yes	no	Aerial Lift (forklift/aerial lift)	yes	no
Outriggers (floats and pads level)	yes	no	Daily Inspection		
Equipment Daily Inspection	yes	no	Pre-Flight Aerial Lift	yes	no

PPE TO BE USED TODAY

Hard Hat		Safety Glasses		Hi-Vis Safety Vest
Work Gloves		Rubber Gloves		Fall Protection - <small>full body harness & lanyard</small>
Sturdy Work Boots		Hearing Protection		Other:

LIST ALL THE HAZARDS THAT YOU MIGHT COME ACROSS TODAY

What Could Go Wrong?	What Are The Critical Steps?	Worst Outcomes?

WHAT WILL BE DONE TO PREVENT THE HAZARD(S) LISTED ABOVE (INCLUDE TRAFFIC CONTROL)

What Controls Are In Place?	Special Tools?	Special Equipment?

Visitor and Employee Health Screening Checklist: Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition? If you answer "yes" to any of the screening questions please notify your supervisor and contact HR for further direction.

Do you have: Fever or feeling feverish? Chills? A new cough? Shortness of breath? A new sore throat? New muscle aches? New headache? New loss of smell or taste?

LIST THE CREW AND WHAT EACH PERSON WILL DO

LIST THE CREW AND WHAT EACH PERSON WILL DO			Health Screen Completed
	Name & Classification	Job Today	
1			
2			
3			
4			
5			
6			
7			

ALL CREW MEMBERS TO IDENTIFY ANY ISSUES THAT WOULD LIMIT ABILITY TO PERFORM JOB DUTIES EFFECTIVELY.

Allergies		Other	
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CHANGES (ANY CHANGES LISTED BELOW REQUIRE COMPLETING A NEW "PRE-TASK" MEETING) - Circle all that apply

Changes in Conditions	Job Scope Change	Change in Person in Charge
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All personnel on this job are in agreement as to the work being done, their duties on the job and safety measures to be taken. The hazards associated with this job & any special precautions have been discussed. All personnel on the job have inspected their tools & the PPE that is to be used. Sign only if you fully understand the work procedures & your role in this job. Legible signatures of crew members and others/visitors on site:
(All visitors are to review the pre-task with the person in charge and sign below)


Print Name	Signature	Print Name	Signature

Person In Charge (Print Name): _____ Person in Charge Signature: _____

END OF DAY SAFETY ACKNOWLEDGMENT

1. Were you injured while at work today? (This includes bumps, strains, pulled muscles, etc.)
2. Have you reported any injury or illness that occurred today? Complete Employee Report of Injury Form.
3. Have you identified to management any unsafe conditions or activities that you observed?
4. Have you been assigned any unsafe activity or assigned work in an unsafe area?
5. Did you witness anyone from MP who was injured or suffering from an injury while you were working?

If you answered "yes" to any of the above questions please make note next to your name/signature above.

 Stop the job at any point if there is doubt, confusion or disagreement on completing the task safely. Contact your Supervisor or Safety.