



Daily Safe Work Plan Analysis Appendix A

Date: _____ Job #: _____ Job Name: _____ Weather: _____ Temp: _____

REVIEW PREVIOUS DAY'S PERFORMANCE	Comments	CONTINUOUS IMPROVEMENT	Comments
Incidents, Near Misses and/or Good Catches?		What worked yesterday? What didn't?	
Inspection Items/Observations Resolved?		What can we do today to work better, faster and easier?	



Type of Work to be Performed: _____

Today's Job Tasks	Hazards/Challenges	Precautions/Controls
1.		
2.		
3.		
4.		
5.		

Specialized PPE Needs		Permits/Plans/Checklists		Quality Control	
Goggles / Face Shield	Fall Protection	Confined Space Checklist and Permit		Work plan has been communicated	
Hearing Protection	Chaps: Leather or Kevlar	Hot Work Permit		Crew is aware of customers' requirements	
Respirator	Coveralls	Heat Illness Plan		Required inspections and tests are scheduled	
Gloves Type:	Fire or Arc Flash Resistant Clothing	Critical Lift Plan		Environmental	
Safety-Toed Boots / Metatarsal Guards	Life Jacket (Work Over/Near Water)	Fall Protection Rescue Plan		Dust Control Measures	
Rubber Boots	Hi-Vis Apparel (Vest / Pants)	Lockout/Tag out		Storm Water Management	
Other:	Other:	Other:		Spill Prevention/Response	

Crew Initials: _____

Supervisor (Print Name): _____