

BRIEF DESCRIPTION OF SCOPE:**AFFECTED SYSTEMS AND IMPACT:****Prior to starting work, verify:**

- Review lessons learned from past work.
- All procedures are approved & correct.
- All personnel are present, trained/qualified, and job assignments are clear (including vendors).
- Work is being performed during scheduled window.
- LOTO prepared for the evolution and brief leader is prepared for brief isolations.
- Tools are inspected, calibrated, and staged. All parts and materials are on hand.
- All permits are approved and available for review (see section 4).
- Discuss what could go wrong, backout procedures, emergency response (EOP), etc.

DESIGNATED METHOD OF COMMUNICATION

| | | | |
|-----------------------|-----------------------------|--|--------|
| | Slack (Group name:_____) | | Phone: |
| | Radio (Channel:_) | | |
| Emergency POC: | | | |

6. COMPLETION OF WORK

| | |
|--|--|
| | Equipment properly restored & verified |
| | Work area cleaned and organized |
| | Remove caution signage and barricades |
| | Permits completed and returned |
| | Update WO with details & documents |

7. JOB REVIEW

| | |
|---|--|
| 1. Did you get the expected results from the equipment operation? | |
| If not, provide context below: | |
| 2. Did any unplanned events occur? | |
| If so, detail events below: | |
| 3. Was troubleshooting performed? | |
| If so, note details below: | |
| 4. Is a revision to be procedure needed? | |
| If so, provide additional detail | |
| 5. Were there any lessons learned? | |
| Describe: | |
| 6. Do you have any safety suggestions or recommendations? | |
| Details: | |

8. BRIEF COMPLETION

| |
|----------------------------------|
| Procedure Facilitator Signature: |
|----------------------------------|

**Pre-Job Brief**

Date: _____

Building:_____ WO:_____

Procedure: _____

Procedure Facilitator: _____

Level of Risk (LOR):

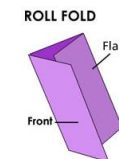
Brief LOR and basis for LOR as recorded in the approved procedure

| | | |
|------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> HIGH |
|------------------------------|---------------------------------|-------------------------------|

INSTRUCTIONS**PURPOSE**

Job briefings must be conducted to inform the team of all hazards and safety precautions. Briefings should be held prior to the work using this sheet as an aid to help discussion. A review must be undertaken at any time conditions or the agreed plan of work changes. When considering risk control measures, approach in order of the following:

1. Eliminate the hazard
2. Substitute if possible
3. Engineer physical barriers
4. Introduce administrative controls
5. Use of personal protective equipment



FORM COMPLETION

Section 1. (potential hazards) should inform section 2. (hazard elimination & controls). All hazards must be addressed with a control measure and/or appropriate PPE.

1. POTENTIAL HAZARDS

| MECHANICAL/KINETIC | | | |
|--------------------|--|--|-----------------------------|
| | PINCH POINTS | | MOVING VEHICLES |
| | ROTATING EQUIPMENT | | HYDRAULIC EQUIPMENT |
| | MACHINERY | | CUTTING |
| | | | |
| ELECTRICAL | | | |
| | SHOCK/ ELECTROCUTION | | LIVE WORK |
| | ARC FLASH | | OVERHEAD LINE |
| | ENERGIZED EQUIPMENT OF SAME TYPE IN AREA | | EXPOSED ENERGIZED SURFACE |
| | TOOLS LEFT IN ENCLOSURES | | |
| | | | |
| GRAVITY | | | |
| | WORKING AT HEIGHTS | | LOOSE TOOLS |
| | LIFTING | | WORKING ABOVE/ BELOW OTHERS |
| | HEAVY ITEMS | | ELEVATED LOADS |
| | | | |
| ENVIRONMENTAL | | | |
| | ADVERSE WEATHER | | BLIND SPOTS |
| | HEAT STRESS | | UNEVEN SURFACE |
| | HOT/ COLD SURFACES | | LIGHTING |
| | CONFINED SPACE | | ACCESS/ EGRESS |
| | CHEMICAL STORAGE | | NOISE |
| | GAS/ FUMES | | WILDLIFE |
| | OTHER WORK IN AREA | | DUST EXPOSURE |
| OTHER | | | |
| | CHEMICAL USE | | CUT/ ABRASION |
| | HOT WORK | | REPETITIVE MOTION |
| | LONE WORKER | | SPRAIN/ STRAIN |
| | FIRE | | IMPALEMENT |
| | POTENTIAL ILLNESS | | |

2. HAZARD ELIMINATION & CONTROLS

| MECHANICAL/ELECTRICAL | | | |
|------------------------------|---|--|-----------------------------|
| | LOTO | | LIVE-DEAD-LIVE |
| | WALK AWAY TIMER | | CHICKEN SWITCH |
| | AUTOMATIC CB RACKER | | MACHINE GUARDING |
| | FIRE RATED GUARDING | | TRAFFIC FLAGGER |
| | SIGN FOR ENERGIZED NEIGHBORING EQUIPMENT | | |
| GRAVITY | | | |
| | BRING WORK TO GROUND LEVEL | | USE OF MECHANICAL LIFT |
| | COVER FLOOR OPENINGS | | TIE DOWN TOOLS |
| | INSTALL NETTING | | GUARDRAILS |
| | DISTANCE PROTECTION | | |
| | | | |
| ENVIRONMENTAL | | | |
| | MOVE WORK INDOORS | | WATER AVAILABLE |
| | DESIGNATE REST BREAKS | | USE FANS/ SPOT COOLING |
| | GUARD EXPOSED SURFACES | | TEMPORARY LIGHTING |
| | INSTALL MIRRORS | | DUST CONTROL |
| | MONITOR AIR QUALITY | | INCREASE VENTILATION |
| | | | |
| OTHER | | | |
| | REMOVE COMBUSTIBLES | | SECONDARY CONTAINMENT |
| | REVIEW SDS | | MECHANICAL TOOLING |
| | FIRE WATCH | | FIRE EXTINGUISHER |
| | WELDING BLANKET | | HOUSEKEEPING |
| | SPOTTER | | REBAR CAPS |
| | BUDDY SYSTEM | | STRETCH & FLEX |
| | SANITIZE EQUIPMENT/VEHICLES/ CARTS/SCOOTERS | | HANDWASHING/ HAND SANITIZER |
| | SOCIAL DISTANCING | | |
| | | | |
| ADDITIONAL CONTROLS/COMMENTS | | | |
| | | | |

3. MINIMUM PPE REQUIRED

| | |
|--|--|
| | GLOVES SPECIFIC TO HAZARD |
| | SAFETY GLASSES |
| | GOGGLES |
| | FACE SHIELD |
| | HARD HAT |
| | HEARING PROTECTION |
| | HIGH VISIBILITY CLOTHING |
| | SAFETY SHOES |
| | ELECTRICAL GLOVES (specify class:_____) |
| | ARC FLASH SUIT (specify cal. rating:_____) |
| | FALL RESTRAINT (specify distance:_____) |
| | FALL ARREST |
| | FACE MASK/COVERING |
| | |
| | |
| | |

4. PERMITS REQUIRED

| | | | |
|--|----------------|--|------------------|
| | CONFINED SPACE | | GEN. YARD ACCESS |
| | ENERGIZED WORK | | LOTO STATUS LOG |
| | RED TAG | | HOT WORK |
| | FALL RESCUE | | |

5. HAZARD COMMUNICATION

| AFFECTED EMPLOYEES | | | |
|--------------------|----------|--|-------|
| | SECURITY | | DCO |
| | Vendor | | Other |
| | Customer | | |

METHOD OF NOTIFICATION

| | | | |
|-------------------|-----|----|--|
| | | | |
| Barricade needed: | YES | NO | |

EMPLOYEE SIGNATURE:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
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