

5. HAVE WE CONSIDERED (It is critical that we make note of any changes that may occur during the work cycle)				
People	Procedures	Hardware/Equipment	Environment	Workers Affect on Environment
<input type="checkbox"/> Qualification of personnel <input type="checkbox"/> Other work groups/contractors <input type="checkbox"/> Effective Communication <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Pedestrian control <input type="checkbox"/> General public <input type="checkbox"/> Traffic control <input type="checkbox"/> Safety watcher	<input type="checkbox"/> Limits of approach <input type="checkbox"/> De-energize/Isolation of apparatus <input type="checkbox"/> Safety hold off/Blocking required <input type="checkbox"/> Switching orders <input type="checkbox"/> Adequate cover-up <input type="checkbox"/> Grounding apparatus and vehicles <input type="checkbox"/> Work permit/Clearance to work <input type="checkbox"/> Permit checklists (soft dig, confined space, etc.) <input type="checkbox"/> Review rescue procedures <input type="checkbox"/> Spiking/Stethoscoping <input type="checkbox"/> Cut Hazards/Cut Resistant Gloves	<input type="checkbox"/> Inspection of equipment <input type="checkbox"/> Inspection of tools & PPE <input type="checkbox"/> Inspection of vehicles <input type="checkbox"/> Condition of structures <input type="checkbox"/> Safe loads for rigging <input type="checkbox"/> Adequate cover-up <input type="checkbox"/> Specialized tools - calibrated/tested & up-to-date	<input type="checkbox"/> Environment checklist <input type="checkbox"/> Underground locates <input type="checkbox"/> Weather conditions <input type="checkbox"/> Soil conditions/Shoring <input type="checkbox"/> Lighting conditions <input type="checkbox"/> Adjacent structures/Vegetation <input type="checkbox"/> Housekeeping <input type="checkbox"/> Emergency plan/procedure <input type="checkbox"/> Open excavations/Trench <input type="checkbox"/> Distractions and Interruptions	<input type="checkbox"/> Cause erosion <input type="checkbox"/> Release/spills (liquids/gases/solids) <input type="checkbox"/> Waste disposal (liquids/solids) <input type="checkbox"/> Noise <input type="checkbox"/> Fire <input type="checkbox"/> Species at risk (plant and animal) <input type="checkbox"/> Disturbing waterways/drainage/wetlands/burial grounds <input type="checkbox"/> Wildlife Habitat <input type="checkbox"/> Bio Security
WHAT ARE THE CHANGES?		HOW WILL THIS AFFECT YOUR WORK?		

6. HUMAN ERROR REDUCTION TOOLS (Consider which HER Tools you need to safely execute task or Critical Steps)		
<input type="checkbox"/> Stop When Unsure / Know When to Stop Stop when unclear on task / outcomes	<input type="checkbox"/> Procedure Use and Adherence Verify correct / accurate procedure	<input type="checkbox"/> Self Check STAR Stop / Think / Act / Review
<input type="checkbox"/> Questioning Attitude Identify confusion / doubt / uncertainty	<input type="checkbox"/> Effective Communication Send message / paraphrase back / acknowledge	

7. PERSONS WORKING ON THE JOB			
Designated person in charge (Print Name):	Crew cell no.:	Designated person in charge (Signature):	Date: yyyy mm dd
Print Full Names and classification of crew members:			
yyyy mm dd	Initial/Sign off for Tailboard Discussion		

8. OTHER CREWS AND VISITORS		
Be aware of all work crews in the area.	Multi-crew job coordinator: _____ Cell phone: _____	
WHAT OTHER CREWS ARE ON SITE	PERSON IN CHARGE	HOW WILL THEIR JOB AFFECT YOURS

Any visitors to your site shall read and sign your Plan.

WORKSITE VISITOR SIGN OFF	DATE yyyy mm dd	WORKSITE VISITOR SIGN OFF	DATE yyyy mm dd