

Pre-Task Planning (PTP) Form

Your company's logo here

Project:

Contractor:

Date:

Location:

Name / Role:

PTP #:

Task:

Steps	Hazards	Controls

Staff responsible for implementing and checking controls:

Crews working nearby:

Crew / Activity	Hazards	Action Plan

Staff responsible for coordinating with other crews:

Have you provided the information below?

Site layout

Equipment

Specific types of PPE

Medical facility information

Materials

Tools

Work schedule

Permits

Evacuation and emergency plans

Notes: