



ESCO Group Safe Work Plan

Location _____ Date _____

Project Name _____ Foreman _____

Project Scope _____

Work hours _____ Shifts _____

☐ Manpower _____

☐ Safety Orientation (site specific) list _____

☐ Quality Control (designated person) _____

☐ Housekeeping (designated person) _____

PPE:

☐ Gloves (type, qty.) _____

☐ Safety Glasses (type, qty) _____

☐ Face Shield/Grinding Shield _____

☐ Voltage Rated Gloves (size, class) _____

☐ Arc Flash Suits (size, HRC) _____

☐ Switching Hoods _____

Other: _____

Special Precautions/Permits:

☐ Job Briefing/Work Permit

☐ Energized Work Permit

☐ Confined Space Permit

☐ Group Lockout Box/Form

☐ Elevated Work

☐ Grinding/Welding Permit

☐ Core drilling

☐ Subcontractors

Tool Needs:	Qty.		Qty.
<input type="checkbox"/> Locks/Tags	_____	<input type="checkbox"/> Tugger	_____
<input type="checkbox"/> Ground Set	_____	<input type="checkbox"/> Feeder	_____
<input type="checkbox"/> Bender	_____	<input type="checkbox"/> Threader	_____
<input type="checkbox"/> Scissor Lift	_____	<input type="checkbox"/> Insulated Tools	_____
<input type="checkbox"/> Boom Lift	_____	<input type="checkbox"/> Insulated Blankets	_____
Other: _____			
 <input type="checkbox"/> Safety Meeting (frequency) _____			
<input type="checkbox"/> Compliance audits (frequency) _____			