

Job Briefing and Planning Check List

Employee in Charge: _____

Location: _____

Area: _____ Date: _____

Time Completed: _____

PART I - IDENTIFY TASK(S)

SECTION MUST BE COMPLETED

Yes N/A

TASK DESCRIPTION:

CHECK ALL THAT APPLY

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Installing conduit/cable tray |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Pulling cable/installing cable |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Inspecting: MCC buckets/switchgear |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Completing LOTO - operating: switch/over current protective device(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Testing/troubleshooting (voltage measuring/megging/Ohm testing) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Demolition - conduit, cable, MCC, enclosure control panels |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Installing or swapping MCC bucket(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Installing switchgear |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Shutdown, outage tasks or start-up tasks |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Opening enclosure to connect test or programming cord w/ 50V or more exposed |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Elevated work- aerial lift, ladder or leading edge ≥ 4' |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Drilling or cutting into equipment, floors or structures- i.e.. Verify clear path or space |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Overhead work |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Housekeeping |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Grounding- hypress or cadweld |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Hot Work: welding, grinding, abrasive cutting |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Trenching and excavating |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Driving a motor vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Other: |

PART II - IDENTIFY HAZARD(S)

SECTION MUST BE COMPLETED

Yes No N/A

HAZARDS ASSOCIATED WITH TASK(S) SELECTED ABOVE:

CHECK ALL THAT APPLY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Shock-exposure to energized parts ≥ 50v |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Arc flash hazard potential |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Fall hazard ≥ 4' |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Slips-trips-falls related to housekeeping - (Perform housekeeping if needed): Weather Conditions (rain/ice, snow) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Cuts/lacerations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Strain-sprains-overexertion - (Stretching- Team Lift) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Atmospheric Conditions: hot, cold, raining/potential storms, daylight/dark, chemical |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Tip over-struck by: mobile equipment- aerial lift, scissor lift, forklift, skidsteer, railcar/train, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Working alone |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Overhead hazards - falling objects, power lines, structure, process lines |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Vehicle or pedestrian traffic |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Thermal burns: welding, grinding, steam line |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Cave-in; contact with utility line |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Exhaustion: working at higher rate or shift > 8 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Human error: mind off task, not sure how to complete task (never completed task before)- STOP AND ASK |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Chemicals Associated w/ tasks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Perform a 10' circle of safety- 720° look around in the work area- (note & correct hazards) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Other: |

PART III - ELIMINATE OR PROTECT AGAINST HAZARD(S)

SECTION MUST BE COMPLETED

Yes No N/A

STEPS TO ELIMINATE OR PROTECT AGAINST HAZARDS SELECTED IN PART II

CHECK ALL THAT APPLY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Basic ppe: hard hat, safety glasses, hearing protection, proper work glove, arc rated uniform (minimum of 8 cal/cm ²), and proper footwear (EH rated boots) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. LOTO - not only electrical - Elimination of all energy sources |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Test before touch: absence of voltage measuring; proof of zero energy; apply live-dead-live requirement with properly rated meter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Arc flash protection: arc flash shield, balaclava, or 40 cal/cm ² hood and suit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Personal fall arrest system: anchor point, bodywear (full body harness), and connecting device (retractable lanyard) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Personal fall restraint system (mobile equipment): anchor point, bodywear (full body harness), and connecting device (retractable lanyard or restraint lanyard) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Control atmospheric conditions: cold weather gear, climate controlled area, drinking water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Barricade cones-caution tape-danger tape: remember to tag your tape |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Attendant- standby person for traffic control |

Yes No N/A

PART III- ELIMINATE OR PROTECT AGAINST HAZARD(S)

SECTION MUST BE COMPLETED

- 10. Seatbelt
- 11. Specialized ppe: welding hood, welding coat, welding gloves, respirator, metatarsal protection, face shield, spoggles, goggles (dust or chemical)
- 12. Shoring or trench box for any depth ≥ 5' and atmospheric testing for any depth ≥ 4'
- 13. Team lifting or assistance from coworker or mechanical system/equipment (forklift, chainfall, come-along, crane, hoist, etc.)
- 14. Communication means: i.e. radio/phone
- 15. Fire Extinguisher
- 16. **Other:**

PART IV- SPECIFIC PERMITS OR INSPECTION LOGS NEEDED

Yes N/A

PERMIT TYPE

CHECK ALL THAT APPLY

- 1. Energized work-approaching closer than restricted approach boundary or increased likelihood of shock or arc flash
- 2. Hot work - welding, grinding, any spark creation
- 3. Confined space entry- properly trained, calibrated atmospheric tester, and rescue plan
- 4. Excavation - any time we are breaking ground
- 5. Demolition - existing conduit and cable cutting permit
- 6. Aerial lift or scissor lift inspection log
- 7. Forklift inspection log
- 9. Rail Track Blocking
- 8. **Other:**

PART V- SHOCK HAZARD ASSESSMENT:

TO BE COMPLETED IF YOU SELECTED 1-10 FROM PART I

Yes No N/A

FILL IN ALL OF THE INFORMATION

- 1. Voltage level: _____
- 2. Limited approach boundary: _____
- 3. Restricted approach boundary: _____
- 4. Remember: shock protection and insulated tools required when crossing restricted approach boundary
- 5. Voltage rated glove class: _____ Expiration date: _____
- 6. Remember: testing for absence of voltage requires proper shock protection
- 7. Energized work permit required when crossing restricted approach boundary.
- 8. Remember: establish boundaries with properly marked danger tape or attendant
- 9. Grounds applied when there is potential for induced voltage- remember to apply lock for ground set

PART VI- ARC FLASH HAZARD ASSESSMENT:

TO BE COMPLETED IF YOU SELECTED 1-10 FROM PART I OR COMPLETED PART V

Yes No N/A

FILL IN ALL OF THE INFORMATION

- 1. Stop Work Criteria if no arc flash hazard analysis completed or no label is in place
- 2. Arc flash analysis must be followed when completed, i.e. Label is in place
- 3. Incident energy (cal/cm²): _____ Or PPE Level: _____
- 4. Arc flash protection boundary: _____
- 5. If no arc flash label is in place use current NFPA 70E tables
Maximum short circuit current: _____ Maximum fault clearing time: _____

Yes No N/A

Arc flash ppe category: _____

- 6. Arc flash PPE required list: _____
- 7. Establish proper boundary with marked danger tape, attendant, or signage on entry.

PART VII- FINAL CHECKLIST

Yes N/A

FILL IN ALL OF THE INFORMATION

- 1. Emergency number (facility specific or 911): _____
- 2. All circuits protected by GFCI?
- 3. Designated 1st aid and CPR trained employee: _____
- 4. Employees qualified to perform work?
- 5. List at least 3 Stop Work Criteria: _____

Yes No

Do you feel that you can you complete the task safely?

PART VIII- EMPLOYEE LOG

PRINT NAME	SIGN NAME	TIME