# University of Delaware Contractor Pre-Task Plan (PTP)

## **Section 1**

## **BASIC INFORMATION**

Date/Time: Work Order #

(If Applicable)

Job Description: \_

Location: Company:

(If Sub-Contracted, List Primary Contractor Also)

University Contact Contractor Safety Contact

Contractor Emergency Number:

Crew: \_

# NOTE: Failure to Report Incidents and Injuries immediately or failure to follow University EHS Procedures may result in your Company being prohibited from working at the University.

- 2 -

**Section 2**

Potential Hazard Checklist

Working Conditions:

* Tight working quarters  Overhead Work
* Awkward body positions  Long Reach

Exposure

* Dust  Radiation
* Fumes  Noise
* Extreme Temperatures  Plants/Insects/snakes/poison ivy
* Arc Flash

Caught In or Between

* Pinch Points / Aerial Lift
* Mechanical Equipment
* Objects being handled or hoisted
* Collapsing material including excavation work

Struck By

* Fellow Worker
* Falling or Flying Objects
* Tool or Machinery in use
* Vehicles or Equipment
* Objects being lifted or handled

Slip/Trip/Fall

* From Different Level  Stairs
* From Ladder or Scaffold  Cords/Hoses
* Liquids or Grease on floor  Loose Parts
* Floor Openings  Material Stored
* Excavations  Manhole

Contact With

* Sharp objects and edges  Fire or Flame
* Wires, nails or other puncture  Chemicals
* Hot or Cold pipes, objects, liquids or welded metals
* Electrically Energized Conductors
* Underground hazards/obstructions/utilities
* Natural gas lines – if so, barricade lines to prevent damage

Exertion

* Lifting heavy tools or materials  Twisting Tool
* Pushing  Jumping
* Reaching  Static position
* Repetitive motion  Pulling

## Pre-Task Plan

|  |  |  |  |
| --- | --- | --- | --- |
| ***JOB TASK ANALYSIS*** | CONTRACTOR NAME: | BUILDING/AREA | EXPECTED DURATION OF JOBFrom\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ |
| JOB DESCRIPTION: |
| List each of the hazards from section 2 and identify the control method you will be using to mitigate the hazard in the Recommended Action or Procedure Column. Order of Preference:1. E – Eliminate the Hazard
2. G – Guard or Barricade the Hazard
3. A – Administrative – Be Specific
4. P – Use PPE to protect yourself – specify PPE required
 |
| **SEQUENCE OF BASIC JOB STEPS** | **POTENTIAL HAZARDS (See Section 2)** | **RECOMMENDED ACTION OR PROCEDURE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **SEQUENCE OF BASIC JOB STEPS** | **POTENTIAL HAZARDS (See Section 2)** | **RECOMMENDED ACTION OR PROCEDURE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4**

 **Required Certifications & Permits**

**Certifications Permits**

* Crane Operator
* Forklift Operator Lock Out/Tag Out
* Mobile Equipment Hot Work
* Scaffolding  Confined Space
* Critical Lift Permit

**High Hazard Task Checklist**

* Hydro blasting (High Pressure water washing)
* Hoist and Rigging Plan
* Lift Checklist
* Grinder
* Hot Tap

**Job Site Visits Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time Signature of UD Representative

0500

0600

0700

0800

0900

1000

1100

1200

1300

1400

1500

1600

1700

1800

1900

2000

2100

2200

2300

I certify that this Pre-Task Plan has been reviewed with all members of the contract crew.

 Contractor Crew Foreman Signature (Sign and Print Name)

I accept and have no suggested revisions to this Pre-Task Plan.

University Project Manager/ project CM Signature (Sign and Print Name)

**A copy of this work plan needs to be available at the worksite whenever work is in progress**