

University of Utah Pre-Task Plan

Requestor:	Date	Asset #:
Time:	Duration:	

Describe the location and task to be accomplished:

Describe other equipment of building service that are possibly affected (common exhaust, chemical supply, power, drains etc.):

Describe the tools and machines to be used to accomplish the task:

Potential Hazards

<input type="checkbox"/> Open floors, trenches, etc.	<input type="checkbox"/> Noise (>85 dBs)	<input type="checkbox"/> Non-Ionizing Radiation (UV, IR, RF, Laser, Microwave, Magnet)
<input type="checkbox"/> Chemical (gas, liquids, solids)	<input type="checkbox"/> Fire	<input type="checkbox"/> Ergonomics (lift, pull, twist, crouch, awkward position, etc.)
<input type="checkbox"/> Thermal (<0°C, >60°C)	<input type="checkbox"/> Steam	<input type="checkbox"/> Other (Overhead hazards, pedestrians, vehicles, weather)
<input type="checkbox"/> Pressure (negative, positive)	<input type="checkbox"/> Slip/Trip	<input type="checkbox"/> Restriction of egress routes, exits, or work path
<input type="checkbox"/> Mechanical (active, potential)	<input type="checkbox"/> Elevated Heights	
<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Ionizing Radiation (x-ray)	
<input type="checkbox"/> Release of Odors	<input type="checkbox"/> Electrical (Active, Stored, 50V or greater)	
<input type="checkbox"/> Excessive Vibration		

Describe Other Hazards:

Required Permits

<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Energized Electrical Work
<input type="checkbox"/> Fire System Impairment	<input type="checkbox"/> Restricted Area Permit	<input type="checkbox"/> Asbestos Flooring Permit
<input type="checkbox"/> Work Around Biohazards	<input type="checkbox"/> Thermal Insulation Permit	<input type="checkbox"/> Wall Permit
<input type="checkbox"/> Lead Disturbance Permit	<input type="checkbox"/> Decontamination Permit	<input type="checkbox"/> Facilities Connection/Disconnection Permit
<input type="checkbox"/> Gas/Chemical Line Work	<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/>

Communication Plan

<input type="checkbox"/> Phone	<input type="checkbox"/> Verbal	<input type="checkbox"/> Radio
--------------------------------	---------------------------------	--------------------------------

Required Notifications

Emergency Procedures

Emergency Phone Number: _____

Emergency Exit Location: _____

Eyewash/Shower Location: _____

Fire Extinguisher Location: _____

University of Utah Pre-Task Plan

Hazard Analysis (Include potential risk to people, property and product)

What steps are required to complete the task?	What hazards exist with each step? What might happen?	How will the hazard be eliminated or controlled.

Training

All participants trained and certified to the appropriate level for the hazards and conditions present?

Pre-Task Plan Approval

Plant Operations Plan Approver: _____ Date: _____ Time: _____

Pre-Task Plan Participants

I have read and understand the requirements of this plan:	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____