



## JOB BRIEFING FORM

|      |                |
|------|----------------|
| Job: | Briefing Date: |
|------|----------------|

911 Address or Job Location:

Brief description of tasks to be completed while executing this job:

| POTENTIAL HAZARDS (check all that apply)  |  |   |
|---|--|---|
| <b>Hazardous Atmosphere:</b> Work in enclosed or confined spaces or harmful, dusts, fumes, mists and gasses, Asbestos |  | <b>High Noise Levels:</b> Damage or loss of hearing   |
| <b>Engulfment, Cave In or Entrapment Hazards:</b> Work in excavations or confined spaces                              |  | <b>Moving Machinery:</b> Mobile and stationary machinery  |
| <b>Vehicular Traffic:</b> Work in road way  |  | <b>Hot Environment Hazards:</b> Flammable gasses, liquids and dusts, high surface temperatures. |
| <b>Falling Rolling or Moving Objects:</b> Material handling   |  | <b>Fire/Explosion Hazards:</b> Flammable gasses, liquids and dusts                              |
| <b>Chemical Hazards:</b> Toxic, flammable, reactive or corrosive chemical products                                    |  | <b>Pressure/Thermal Hazards:</b> Steam and compressed air and gasses, blowing gas               |
|   |  |   |

| SPECIAL WORK PROCEDURES<br>(Check all that apply) |  |  |
|---|--|--|
| <b>Enclosed/Confined Space Entry</b>              |  | <b>Work Site Traffic Control/Barricading</b> |
| <b>Excavation/Trenching</b>                       |  | <b>Metal burning and welding, grinding</b>   |
| <b>Emergency Procedures</b>                       |  |  |
|   |  |  |

| SPECIAL PRECAUTIONS<br>(Check all that apply)          |  |                                   |
|--|--|-----------------------------------|
| <b>Inspect Work Site for Safety and Health Hazards</b> |  | <b>Test/Monitor Atmosphere</b>    |
| <b>Inspection of Critical Safety Equipment</b>         |  | <b>Severe Weather Watch/Alert</b> |
| <b>Use Buddy System</b>                                |  |                                   |
|  |  |                                   |

| HAZARDOUS ENERGY CONTROL PROCEDURES<br>(Check all that apply) |  |  |
|---|--|--|
| <b>Lockout/Tagout</b>   |  |  |
| <b>Group Lockout/Tagout</b>                                   |  |  |

Name of Designated Employee:

| PERSONAL PROTECTIVE EQUIPMENT<br>(Check all that apply) |  |                                 |
|---|--|---------------------------------|
| <b>Head Protection</b>                                  |  | <b>Protective Clothing</b>      |
| <b>Face/Eye Protection</b>                              |  | <b>Protective Footwear</b>      |
| <b>Respirator</b>                                       |  | <b>Fall Protection</b>          |
| <b>Gloves</b>   |  | <b>FR Clothing or Coveralls</b> |

COMPLETE BOTH SIDES OF THIS FORM

