

# CONTRACTOR PRE-TASK PLANNING CHECKLIST

Project Name or Purchase Order Number: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Subcontractors: \_\_\_\_\_

Host Employer Representative: \_\_\_\_\_ Contact: \_\_\_\_\_

Emergency Assistance is Available at: \_\_\_\_\_

## General:

## Check All That Apply:

- Eye Protection Requirements
- Hearing Protection Requirements
- Safety Shoe Requirements
- Contractor Sign-In & Badges
- Job-site expectation (vehicle parking
- Break location, telephone use, etc.)

## Safe Work Practices:

- Fall Protection
- (Equipment Specific Application)
- Lockout/Tagout Procedures
- (Equipment Specific)
- Electrical Safety Expectations
- Confined Space Permit
- Hot Work Permit

**First Aid:**

- OSHA recordable reporting
- Severe Weather & Evacuation
- Review Site Map
- Contactors expectations for severe weather
- Contractor expectations for evacuation

**Hazard Communication:**

List of Materials to be utilized by contractor during project or work order:

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Acquire SDS forms for chemicals that are not documented in the Site's inventory

**Use of Plant Services:**

- Air (Designate & document authorization)
  - Electricity (Designate & document authorization)
  - Other Equipment & Supplies
- (Designate & document authorization)

We acknowledge the receipt of the Contractor Safety Policy and will review the information with our employees and subcontractors. We further acknowledge that working safely is the responsibility of the contractors and subcontractors who are working on the property. We understand that the violation of the rules stated above may result in the loss of future work and immediate dismissal from the property.

\_\_\_\_\_  
Contractor Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Subcontractor Representative

\_\_\_\_\_  
Date: