

Project Details:			
Project Number:		Project Name:	
Contractor Name:		Date Prepared:	
Plan Details:			
Work Task:		Trade(s) Involved:	
Task Steps:			
Equipment Necessary to Complete Work:		Tools Required for Work: (Hand/Power/Ladders/Scaffold, Etc.)	
Materials To Be Used: (Including Chemicals)		Applicable Policies/ Codes/Standards: (MAPP, OSHA, ANSI, ASTM, NFPA, Etc.)	
Certifications, Qualifications, And Skills Required To Complete The Work		Training Required to Complete Work	
Minimum Basic PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Sturdy Leather Work Boots <input type="checkbox"/> Long Pants, Shirt with min. 4" sleeve <input type="checkbox"/> Leather Work Gloves <input type="checkbox"/> Hi-Viz Vest/Shirt	Other: (list) <hr/> <hr/> <hr/> <hr/>	Quality Procedures:	

Pre Work Assessment

Work Task: _____

Item	Key Hazard(s) Associated With The Above Work Task	Risk Ranking (H/M/L)	Position/Job Title Of Affected Person(s)	Control(s) <i>Control Hierarchy: 1. Eliminate 2. Engineer 3. Administrative/Training 4. PPE</i>	Residual Risk After Control(s)

Other Comments:

Targets:

Safety:	Quality:	Production:



Pre Work Assessment

Pre Work Assessment Team:			
Contractor Task Foreman Signature:		MAPP Superintendent Signature:	
Contractor Project Manager Signature:		MAPP Project Manager Signature:	
Other:		Other:	

By signing below, I testify that I have reviewed and collectively discussed the information established in this Pre Work Assessment and agree to perform all work in accordance with its direction unless during the course of the task work instructions change or I find that it would be unsafe to do so.

Date Reviewed: _____

Review of PWA with Task Crew:			
Name: (print)	Signature:	Name: (print)	Signature:
Nombre del Empleado (Imprima)	Firma	Nombre del Empleado (Imprima)	Firma
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	