

# Job Planning and Hazard Awareness:

" All hazards identified via job planning must be eliminated or controlled"

Today's Date: \_\_\_\_\_

Start time: \_\_\_\_\_



Job (s) assigned by: \_\_\_\_\_ Lead Hand in Truck: \_\_\_\_\_

Today's Emergency Call back # \_\_\_\_\_

Driving Hazards to be discussed before leaving the work center:				
Weather	Visibility		Road Surface Conditions	
Crew	Rested	Licensed	Experienced	Trained/ Qualified
Communication	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Satellite Phone	<input type="checkbox"/> Radio,	<b>Tablet</b>
Vehicle Condition:	Circle Check Yes	Trailer secure	Cab clean	Load Secure
	no			

Location	Identify hazards	Work Duration:
Job #1 - Pre-Plan notes:		
Job #2 - Pre-Plan notes:		
Job #3- Pre-Plan notes:		
Job #4 - Pre-Plan notes:		
Job #5 - Pre-Plan notes:		
Job #6 - Pre-Plan notes:		

Overview of Day:				
<input type="checkbox"/> Traffic Protection Required for Job#  <input type="checkbox"/> No Plan Required	<b>Work Duration:</b> <input type="checkbox"/> Mobile <input type="checkbox"/> Very Short (<half hour) <input type="checkbox"/> Short (<1 day) <input type="checkbox"/> Long (>1 day)			
	General Speed Limit ____ Km/h                     Volume of Traffic (low_ high_)	<input type="checkbox"/> Hills/Curves <input type="checkbox"/> Less than 150m visibility <input type="checkbox"/> Traffic control person required for Job#		
	Notes: Was Night Operation Required: No Yes (night high visibility reflective bands, lighting etc.			
Job Plan Prepared By	Date	Job Plan Reviewed By	End Time:	Date
Any Near Miss / Incidents Occur today?:	No	Yes, Explain		

Truck Driver: \_\_\_\_\_

Truck Used: \_\_\_\_\_

Plate#: \_\_\_\_\_