

Pre-Job and Work Activity Risk Assessment Form



Date/Time: _____ Crew Leader (s): _____
 Client: _____ Street: _____
 Town/State/Zip: _____ GPS Lat/Long: _____
 Work Location on Property: _____

SITE ASSESSMENT PLAN

- Roadside Set-Up: **NO / YES** Electrical MAD: **NO / YES** Distance to Conductors: _____
- Underground Utilities: **NO / YES** Was 811 Called: **NO / YES** Date: _____
- Weather/Fire Danger Level: _____
- Obstacles: _____
- Other: _____

ACTIVITY ASSESSMENT PLAN

<h3 style="text-align: center; margin: 0;">EMERGENCY ACTION PLAN</h3> <ul style="list-style-type: none"> <input type="checkbox"/> Nearest Hospital & Address: _____ <input type="checkbox"/> 911 Caller & BackUp: _____ <input type="checkbox"/> 911 Greeter/Location & BackUp: _____ <input type="checkbox"/> Rescue Climber & BackUp: _____ <input type="checkbox"/> Muster Point: _____ <input type="checkbox"/> First Aid Kit Location: _____ <input type="checkbox"/> Allergies: _____ 	<h3 style="text-align: center; margin: 0;">RISK MITIGATION</h3> <ul style="list-style-type: none"> <input type="checkbox"/> PPE Applicable to Work: _____ <input type="checkbox"/> Cones, Signs, Detail/Flagger: _____ <input type="checkbox"/> Established Drop Zone: _____ <input type="checkbox"/> Rigging: _____ <input type="checkbox"/> Comm. Devices: _____ <input type="checkbox"/> OTHER: _____ <p>NOTES:</p>
<h3 style="text-align: center; margin: 0;">WORK CATEGORY & ASSIGNED PERSON/S</h3> <ul style="list-style-type: none"> <input type="checkbox"/> Pruning: _____ <input type="checkbox"/> Landscape/Planting: _____ <input type="checkbox"/> PHC: _____ <input type="checkbox"/> Removals: _____ <input type="checkbox"/> Training: _____ <input type="checkbox"/> OTHER: _____ <p>NOTES:</p>	<h3 style="text-align: center; margin: 0;">WORK TASK SPECIFICS</h3> <ul style="list-style-type: none"> <input type="checkbox"/> Spraying: _____ <input type="checkbox"/> Work at Height: NO / YES <ul style="list-style-type: none"> <input type="checkbox"/> Ladder Work: _____ <input type="checkbox"/> Climbing: _____ <input type="checkbox"/> Bucket Truck or Lift: _____ <input type="checkbox"/> Ground Cutting: _____ <input type="checkbox"/> Chipping: _____ <input type="checkbox"/> Other/Machinery: _____ <p>NOTES:</p>

CREW SIGNATURES:

& Attitude Check: 😊 😐 😞