



Pre-Job and Work Activity Risk Assessment Form

Date: _____ Crew Leader (s): _____

Property Owner/Customer: _____

Address: _____ GPS Coordinates: _____

Work Location on Property: _____

WORK SITE ASSESSMENT PLAN

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

WORK ACTIVITY ASSESSMENT

EMERGENCY ACTION PLAN

- 911 Caller: _____
- 911 Greeter & Location: _____
- Rescue Climber & Back up: _____
- Muster Point: _____
- First Aid Kit Location: _____
- OTHER:** _____

RISK MITIGATION

- PPE Applicable to Work: _____
- Additional PPE? List: _____
- Cones, Signs, Detail/Flagger: _____
- Established Drop Zone: _____
- Rigging: _____
- Comm. Devices: _____
- OTHER:** _____

TASK CATEGORY | ASSIGNED PERSON/S

- PHC: _____
- Landscape/Planting: _____
- Pruning: _____
- Removals: _____
- Other: _____

TASK SPECIFICS

- Spraying:
- Work at Height
 - Climbing
 - Ladder Work
 - Bucket Truck or Lift
- Ground Cutting:
- Chipping:
- Other/Machinery: _____

CREW SIGNATURES & Attitude Check: 😊 😐 😞 (Use back if needed)