



# Daily Report

<b>PROJECT:</b> <u>O'Hare 21</u>	<b>DATE:</b> _____
<b>CONTRACTOR:</b> _____	<b>TRADE(S):</b> _____
<b># OF EMPLOYEES</b> _____	<b>FOREMEN</b> _____ <b>JOURNEYMEN</b> _____ <b>APPRENTICE</b> _____

<b>SEE REVERSE SIDE FOR PRE-TASK PLAN</b>		
<b>LIST SAFETY/ QUALITY POINTS DISCUSSED IN THIS MORNING'S PRE-TASK PLAN</b>		

<b>TIER SUBS LIST ALL TIER SUBS THAT WORKED ON SITE TODAY AND ATTACH THEIR DAILY REPORT</b>		

EMPLOYEE NAME	ORIENTATION COMPLETE	LOCATION(S) WORKED	DESCRIPTION OF WORK	*INITIAL
*COMPETENT PERSON				
1	<input type="checkbox"/>			
2	<input type="checkbox"/>			
3	<input type="checkbox"/>			
4	<input type="checkbox"/>			
5	<input type="checkbox"/>			
6	<input type="checkbox"/>			
7	<input type="checkbox"/>			
8	<input type="checkbox"/>			
9	<input type="checkbox"/>			
10	<input type="checkbox"/>			
11	<input type="checkbox"/>			
12	<input type="checkbox"/>			
13	<input type="checkbox"/>			
14	<input type="checkbox"/>			
15	<input type="checkbox"/>			

**\*By initialing, you confirm attendance at the Pre-Task Plan, stop work immediately if conditions change or new hazards arise; you have no safety concerns to report and no incidents to report.**

<b>INCIDENTS</b>	
Today was incident free - there were no incidents reported by any of your crew/ tier contractors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No – Austin Power Supervision was notified of the incident and appropriate documentation was completed.	<input type="checkbox"/> YES

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## Pre-Task Plan

**\*All workers must review and understand the pre-task plan every day prior to starting work. Adjust the pre-task plan when/if conditions change.**

Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Locations of exits and emergency equipment must be communicated to all workers prior to starting work.

<b>Do you have an employee that has been employed less than 90 days and could be a high risk for being injured? Does the employee lack associated training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Think about the work you will do today and check "Yes" or "No" to the questions below:**

Is housekeeping affecting your ability to work safely? Continual Cleanup! <input type="checkbox"/> Yes <input type="checkbox"/> No	Are materials properly racked/stored per project requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will weather conditions affect your safety or the quality of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any potential to impact existing owner or construction activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does everyone in the crew know how to use their tools and equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this task require any special permits / procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need additional or special materials and tools to do this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Crew knows location of fire extinguishers, first aid kits, and SDS <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your work require any special training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have other subcontractor's hazards been identified and communicated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need additional or special personnel to complete this task? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any loading / off-loading or other mechanical lifting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this task require shutdown of systems or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your work involve awkward positions, heavy or repetitive lifting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employees are aware of zero tolerance policy. Discuss any recent issues. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any recent incidents/injuries to discuss? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Make sure all members of your crew have the following Personal Protective Equipment at all times:**

- Hard Hat  
  Safety Glasses  
  Safety Vest  
  Leather Boots  
  Gloves

**Check if any of the following apply to the task (attach additional information as needed):**

<input type="checkbox"/> Interact with Public	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Barricades/Signs	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Critical Lift Plan
<input type="checkbox"/> Fall Protection PPE	<input type="checkbox"/> Eye/Face PPE	<input type="checkbox"/> Hand/Arm PPE	<input type="checkbox"/> Hearing PPE	<input type="checkbox"/> Respirator PPE	<input type="checkbox"/> Full Body PPE
<input type="checkbox"/> SDS/HazCom	<input type="checkbox"/> Chemical Exposure	<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Open Flame Welding	<input type="checkbox"/> Lock-Out/Tag-Out	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Work Rushed	<input type="checkbox"/> Outside Distractions	<input type="checkbox"/> Struck-By Hazards	<input type="checkbox"/> Slip/Grip Issues	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Electrocution Risk

Activities to Perform	Recognize Hazards	Instructions & Controls

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