



Daily Report

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

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

TIER SUBS	LIST ALL TIER SUBS THAT WORKED ON SITE TODAY AND ATTACH THEIR DAILY REPORT	

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.**

INCIDENTS	
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.

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?	<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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