

DAILY PRE-JOB SAFETY CHECKLIST

Plan Ahead. Work Safe.



Take 5 minutes before work starts. It could save a life

1 JOB DETAILS

Company Name: _____ Date: _____
Project / Job Name: _____ Supervisor Name: _____
Location: _____ Crew Members Present: _____

2 PPE CHECK



Hard hats worn where required



High-visibility clothing worn



Safety boots worn



Gloves appropriate for task

Eye protection in use

Hearing protection available / used

3 EQUIPMENT & TOOLS INSPECTION



Tools are in good working condition

Guards and safety features in place

No visible damage or defects

Equipment inspected before use

Faulty equipment removed from service

4 HAZARD IDENTIFICATION



Slips, trips, and fall hazards assessed

Working at heights risks assessed

Overhead hazards identified

Underground / utilities located

Weather conditions reviewed

Traffic / public exposure controlled



NOTES / HAZARDS IDENTIFIED

5 WORK PLAN & COMMUNICATION



Daily tasks reviewed with crew

Roles and responsibilities assigned

Emergency procedures discussed

First aid & emergency contacts known

Workers encouraged to report hazards



6 JOB DETAILS

Supervisor Name: _____

Signature: _____



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