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

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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: _____