|  |  |  |  |
| --- | --- | --- | --- |
| **PTA Title:** | | | **Date:** |
| **Project Name:** | | **Contractor Name:** | |
| **Project Manager:** | **Cell:** | **General Superintendent:** **Cell #:** | |
| **1st Shift Safety Contact:** | **Cell:** | **2nd Shift Safety Contact:** **Cell #:** | |
| **1st Shift Supervisor:** | **Cell:** | **2nd Shift Supervisor:****Cell #:** | |
| **1st Shift Foreman** | **Cell:** | **2nd Shift Foreman:** **Cell #:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Preparedness** | | | |
| **First Aid:** | **Emergency:** **Fire:** **Security:** | | **Path Finder** |
| **Primary Care Clinic:** | | **After Hours Emergency Care:** | |
|  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Crane Type** | | **Description of Item to be Lifted Type of Rigging** | **Weight of Item** | **Type of Construction Equipment To Be Used (Check Your Blind Spot’s)** |
|  |  |  |  | **Excavator Dozer Man-Lift (AWP)** |
|  |  |  |  | **Backhoe Fork Lift Type: \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  | **Bobcat T-Rex** |
|  |  |  |  | **Grad-all Concrete** |
|  |  |  |  | **Front-End Loader Other: \_\_\_\_\_\_\_  Equipment Hazards Identified** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FIELD AUDIT / OBSERVATION**  **\*\*\*\*\*MUST BE DONE AT LEAST ONCE PER SHIFT BY ONE OF THE FOLLOWING\*\*\*\*\***  **Superintendent (S), Foreman (F), Employee (E), Project Manager (PM), Safety Professional (SP)** | | | |
| **Signature** | **Date** | **Time** | **Safety Issues Corrected/ PPE Worn / Could Changes Be Made?** |
| **TITLE:** |  |  |  |
| **TITLE:** |  |  |  |
| **TITLE:** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Hazard Analysis** | | |
| **TASK STEPS** | **HAZARDS** | **HAZARD CONTROLS** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **CHANGES IN SCOPE OF WORK OR CONDITIONS AFTER INITIAL PTA REVIEW (Document Changes On This PTA)** | | |
| Work Description: | | |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Sketch/Photo/Map of Hazards** |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Post Task Review** | | | | | | | | | |
| **Any lessons learned?** | **Yes** |  | **No** |  | **All tools equipment and personnel accounted for?** | **Yes** |  | **No** |  |
| **Specify:** | | | | | **Comments:** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE NAME** | **DATE** | **EMPLOYEE SIGNATURE** | **EMPLOYEE SIGN OUT**  **(BY SIGNING OUT, YOU ACKNOWLEDGE THAT YOU WERE NOT INJURED ON THE JOB TODAY)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |