



Pre-Job and Work Activity Risk Assessment Form

Date/Time: _____ Crew Leader (s): _____

Property Owner/Customer: _____ Street: _____

Town/State/Zip: _____ GPS Coordinates: _____

Work Location on Property: _____

WORK SITE ASSESSMENT PLAN

Roadside Set-Up Electrical MAD?: NO / YES Distance to conductors: _____

Distance to Electrical Conductors: _____

Underground Utilities?: NO / YES Was 811 Called?: NO / YES Date: _____

Weather/Fire Danger Level: _____

Obstacles: _____

Other: _____

WORK ACTIVITY ASSESSMENT

EMERGENCY ACTION PLAN

Nearest Hospital: _____

911 Caller & BackUp: _____

911 Greeter/Location & BackUp: _____

Rescue Climber & BackUp: _____

Muster Point: _____

First Aid Kit Location: _____

OTHER: _____

RISK MITIGATION

PPE Applicable to Work: _____

Cones, Signs, Detail/Flagger: _____

Established Drop Zone: _____

Rigging: _____

Comm. Devices: _____

Allergies: _____

OTHER: _____

TASK CATEGORY | ASSIGNED PERSON/S

PHC: _____

Landscape/Planting: _____

Pruning: _____

Removals: _____

Other: _____

TASK SPECIFICS

Spraying: _____

Work at Height:

- Climbing
- Ladder Work
- Bucket Truck or Lift

Ground Cutting: _____

Chipping: _____

Other/Machinery: _____

CREW SIGNATURES & Attitude Check: 😊 😐 😞 (Use back if needed)