

# Pre-Job Briefing

(This form is **NOT** a substitute for required verbal communication)

## REQUIRED TOPICS TO BE REVIEWED DURING JOB BRIEFING (Check all that apply)

### 1 - Energy Source Control: (Work Permit Review)

Work Permit Type:  Caution  Area  Work Permit

Work Permit # \_\_\_\_\_ Work Order #: \_\_\_\_\_

Mechanical  Electrical Equipment in Service:  Yes  No

Supervisor's Phone # \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### \*\*PERMITS\*\*

ONLY PERFORM WORK THAT IS WITHIN THE AUTHORIZED SCOPE OF WORK AS LISTED ON THE WORK PERMIT.  
DO **NOT** CHANGE THE STATUS OF A PIECE OF EQUIPMENT THAT HAS A STOP TAG APPLIED TO IT.

Daily Job Description: \_\_\_\_\_

#### \*\*VERIFY DEAD/LOCKOUT-TAG OUT\*\*

PROPERLY TEST OR VERIFY THAT EQUIPMENT IS IN A DE-ENERGIZED STATE BEFORE BEGINNING DEAD WORK ACTIVITIES.

### 2 - Potential Hazards:

Asbestos  Contact  Abate Type: (e.g., Gasket, Packing, Arc Tape, TSI) \_\_\_\_\_  
 Haz. Metals  Contact  Abate Type: (e.g., Lead, Mercury) \_\_\_\_\_  
 Oils  Contact  Handle Type: (e.g., Lube, Dielectric, PCBs) \_\_\_\_\_  
 Chemicals  Contact  Handle Type: (e.g., Acid, Caustic, EHC, Hypochlorite) \_\_\_\_\_

Lighting  Unguarded Openings  Heavy Lifting  
 Compressed Gas  Heat/Cold  Slipping/Tripping  
 Hanging Objects  Rotating Equipment  Noise  
 Flammables  Energized Equipment  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### 3 - Work Procedures Involved:

Confined Space  MSDS  Fire Guard  
 Ladder/Scaffolding  Rigging/Hoisting  Burning/Welding  
 Non-Asb. Insulation  Bulk Sampling  Waste Disposal  
 Troubleshooting  GEI/GSI  High Voltage Testing

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### 4 - Special Precautions:

Air Monitoring  Fall Protection  Housekeeping  
 GFCI  High Voltage  Welding Blankets  
 Regulated Area  Spark-free Tools  Eyewash/Emerg. Shower  
 Tool Condition  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

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Date/Time: \_\_\_\_\_

## 5. Personal Protective Equipment Required:

### HIGH HAZARD ENERGY PPE

USE THE APPROPRIATE RUBBER GLOVES, RUBBER SLEEVES, FIRE RETARDANT CLOTHING AND EYE PROTECTION/ FACE SHIELD AS REQUIRED FOR ELECTRICAL WORK

- |                               |                                     |  |   |  |   |
|-------------------------------|-------------------------------------|--|---|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Face       | Gloves: <input type="checkbox"/> Work      | <input type="checkbox"/> Neoprene       | <input type="checkbox"/> Nitrile Flock Lined | <input type="checkbox"/> Nitrile Disposable |
| <input type="checkbox"/> Eye  | <input type="checkbox"/> Foot       | <input type="checkbox"/> Latex             | <input type="checkbox"/> High Temp.     | <input type="checkbox"/> Welders             | <input type="checkbox"/> Electrical         |
| <input type="checkbox"/> Ear  | <input type="checkbox"/> Respirator | <input type="checkbox"/> Correct Cartridge | <input type="checkbox"/> FR/CR Clothing | <input type="checkbox"/> Other: _____        |   |

Comments: \_\_\_\_\_

### ATMOSPHERIC TESTING

PERFORM ATMOSPHERIC TESTING BEFORE ENTERING AND WHILE WORKING IN AN ENCLOSED SPACE.

### RESCUE/RETRIEVAL

A PERMIT-REQUIRED CONFINED SPACE AND EXCAVATIONS GREATER THAN 4 FEET IN DEPTH USE ENCLOSED OR PERMIT-REQUIRED CONFINED SPACE RESCUE EQUIPMENT AS REQUIRED.

## 6 - Required Forms:

- |   |   |   |                                  |                               |
|---|---|---|----------------------------------|-------------------------------|
| <input type="checkbox"/> Confined Space                                   | <input type="checkbox"/> Scaffold Check                           | <input type="checkbox"/> Asbestos                   | <input type="checkbox"/> Non-ACM | <input type="checkbox"/> Lead |
| Checklists: <input type="checkbox"/> Pre Operational Overhead Crane Insp. | <input type="checkbox"/> Suspended Powered Scaffold Authorization | <input type="checkbox"/> Operator's Elevating Insp. |                                  |                               |
| <input type="checkbox"/> Chain Hoist Pre-Use Insp.                        | <input type="checkbox"/> Other: _____                             |   |                                  |                               |

***"I have participated in this job briefing, understand the work being performed, understand my role in this job, understand the hazards associated with this job and my PPE requirements."***

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Comments: \_\_\_\_\_

**In case of emergency notify the Control Room (555) 123-4567 and your supervisor.  
If a safety issue develops concerning any aspect of the job, contact your supervisor or station EHS before starting or continuing work.**

Job Brief Given By: \_\_\_\_\_

Supervisor: \_\_\_\_\_