

## SAFETY TASK ASSESSMENT CONCRETE BLOCK DELIVERY

Delivery Site				Plan	Plant Manager/Supervisor				
Date				Plan	Plant Name				
WEATHER CONDITIONS					PRETRIP INSPECTION				
Dark	☐ Yes	□No	□ N/A	Unde	erhood Inspection	☐ Yes	☐ No	□ N/A	
Hot	☐ Yes	□No	□ N/A	Clim	bing on Truck	☐ Yes	☐ No	□ N/A	
Cold	☐ Yes	□No	□ N/A		LOADING CONCRETE				
Rainy	☐ Yes	□No	□ N/A	High	Noise Levels	☐ Yes	☐ No	□ N/A	
Foggy	☐ Yes	□No	□ N/A	Falli	ng Materials	☐ Yes	☐ No	□ N/A	
Snow/Ice	☐ Yes	□No	□ N/A		ON ROAD	DRIVING			
WASH DOWN TRUCK				Rep	etitive Motion	☐ Yes	☐ No	□ N/A	
Climbing Ladder	☐ Yes	□No	□ N/A	Truc	k Rollover	☐ Yes	☐ No	□ N/A	
Slip Hazards	☐ Yes	□No	□ N/A	Heav	vy Traffic	☐ Yes	☐ No	□ N/A	
Moving Parts	☐ Yes	□No	□ N/A	Tire	Blow Out	☐ Yes	☐ No	□ N/A	
JOB SITE CONDITIONS					CUSTOMER RELATIONS				
Rough Terrain	☐ Yes	□No	□ N/A	Dem	anding	☐ Yes	☐ No	□ N/A	
Muddy Conditions	☐ Yes	□No	□ N/A	Conf	frontations	☐ Yes	☐ No	□ N/A	
Standing Water	Water ☐ Yes ☐ No ☐ N/A				WELLNESS MESSAGE				
Truck Placement	☐ Yes	□No	□ N/A						
Towing	☐ Yes	□No	□ N/A						
Tight Area	☐ Yes	□No	□ N/A						
Access/Egress	☐ Yes	□No	□ N/A						
OTHER					DRIVER NAME (PRINT)			INITIALS	
DRIVER NAME (PRINT	INIT	IALS							