



# PRE-SHIFT SAFETY TASK ANALYSIS

Assessment Date \_\_\_\_\_

Location \_\_\_\_\_

Daily Activities \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

Special Considerations

(e.g.; Crain Required; Confined Space to be Entered; Lock Out; Tag Out Verified; Special PPE Required; Hot Work Permit Required; etc.)

Work Activities or Special Circumstances to be Discussed	Weather Conditions	List Known/Predictable Hazards	List Preventive Controls for Each Hazard

**Wellness Message:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Names (Print)**

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