NON-STANDARD WORK / PRE-TASK PLAN WORKSHEET

Non-Standard Work/Pre-Task Plan Worksheet

INSTRUCTIONS: This worksheet is to be used prior to undertaking non-standard / non-documented work. Complete before engaging in non-standard / non-documented work. Use Part F to develop safe written procedure(s).

Intel Owner:	Tool ID / Description:	Effective Date:
Supplier Contact:	Brief Description of Work:	

Pre-Task Planning Checklist

Purpose: To mitigate all potential safety hazards before engaging in any non-documented / non-standard work.

A. SAFETY: Please describe control measures in Section "G" for any Safety item checked "Yes"	**YES**	**NO**
1. Are barricading and/or signage required to protect personnel, facilities or equipment?		
2. Will work involve live systems or energized equipment?		
3. Is lockout/tagout of hazardous energies required? ECP Template		
4. Will work involve exposure to falls of 4 feet or greater for non-construction work or 6 feet or greater for construction work?		
5. Are ladders, MEWP, scaffolds or work platforms needed to perform the task safely?		
6. Does this work involve working around or near overhead vehicles (i.e. Fab automated material handling systems) within 2ft? If so, are hazards controlled?		
7. Will the task involve use of powered industrial truck (PIT)/forklift.		
a. If load is being horizontally moved; is load secured or alternate securing plan been created?		
8. Will the task involve the use of chemicals or have the potential for chemical exposure?		
a. Does the work require disposal of chemicals?		
b. Will the work generate odors (odor notification posted and security notified)?		
c. Does task require special PPE?		
9. Does this task require the demolition of electrical/chemical systems or equipment?		
10. Does this task require entry into a confined space?		
11. Does this task involve use of inert gas or other potential to create oxygen deficiency?		
12. Does this work involve removing raised floor tiles and/or working under the raised floor?		
13. Will work involve working with sharp tools or materials (e.g., sharp edges, knives, Unistrut, etc.)		
14. Will work involve elevated noise levels?		
15. Will work involve defeating equipment safety interlocks (use Interlock Defeat signage & return to normal configuration)?		

B. ERGONOMICS: Please describe control measures in section "F" for any ergonomics items checked "YES"	**YES**	**NO**
1. Do material handling / lifting tasks exceed weight limits for safe one person handling? Verify weight of objects to be lifted or moved. Typically, objects over 25 pounds require two people and objects over 50 pounds require use of a mechanical assist (e.g. lifts, carts, hoists).		
2. Are forceful or repetitive hand exertions required? Where possible use tools to increase leverage and/or automate (e.g. breaking a vacuum seal, loosing tight bolts, removing numerous bolts/screws). Rest breaks for repetitive tasks can also be utilized (e.g. scrubbing).		
3. Does the task require the person to work in an awkward posture (e.g. back bent, arms at shoulder height, neck looking upward) for continuous durations longer than 5 minutes? If yes, job rotation and routine breaks may need to be utilized.		
4. Is there limited clearance to perform the task resulting in awkward postures (bending, reaching, twisting, etc.)?		
5. Does the task require manually holding an object in place, while it is being secured or removed from the tool? In general, objects that weight 10 pounds or more should be supported using a hoist/fixture.		

C. POTENTIAL IMPACTS: Please describe control measures in Section "F" for any Impact item checked "Yes"		
1. Will the work involve or have the potential to impact:		
a. Fire Detection--Smoke Detectors (IR/UV/HSSD/VESDA)?		
b. Safety showers, eyewashes, liquid leak detection?		
c. Hazardous Gas delivery (VMB) and/or Planar / Bulk Chemical delivery systems (PCD, BCD)?		
d. Security / Life Safety Systems (e.g. MDA, exhaust monitoring, horns/strobes)?		
2. Will work involve climbing/standing on or working above equipment or utility systems?		
3. Does the work involve a tool or equipment move?		
4. Do switches, buttons, pipes, gauges or valves need to be protected or supported?		
5. Does the work require flushing, discharging or draining of fluids?		
6. Will work involve interruption of or redirecting personnel traffic / travel paths?		

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D. PERMITS: Are any of the following permits required to perform task?

SIPP ☐ Non-Electrical Hot Work ☐ Energized Electrical Work ☐ Mobile Elevated Work Platform ☐ Confined Space ☐

E. PPE REQUIREMENTS:

Fall Protection ☐ Head ☐ Eye ☐ Face Shield ☐ Ear Protection ☐
Foot / Toe ☐ Apron ☐ Respirator ☐ OTHER: _____

What type of glove does your task require?

Kevlar ☐ Latex ☐ Electrical ☐ Thermal ☐ Chemical* ☐ None ☐

* Specify type of chemical glove on the back (e.g. chemical resistant latex or nitrile)

F. HAZARD ANALYSIS / PROCEDURE - Use the following section to develop the safe written procedure for this activity. Please describe the tasks and control measures for items marked 'YES' in sections 'A', 'B', and 'C''.

Step	Action	Hazard(s) / Control Measure(s)

G. SAFETY TRAINING – Have workers completed all required safety training for the task they are performing? The following are examples of training that might be required. Check if needed and list additional safety courses that are applicable for hazards not part of normal job scope.

Electrical Safety ☐ Workplace Specific Hazcom (new chemicals) ☐ PPE Training ☐ Respiratory Protection ☐ Radiation Training ☐
Powered Industrial Truck ☐ Control of Hazardous Energies ☐ Confined Space ☐ OTHER: _____

All team members involved in the work activity must sign the PTP: _____

_____ _____ _____ _____

Approver: _____

- **For escorted guest workers, the escort will validate that a pre-task plan has been completed prior to entry**
- **IF WORK CONDITIONS/ACTIVITIES CHANGE, WORK *MUST STOP* AND A NEW TASK PLAN REVIEWED**
- **PTP should be posted at the work location for the duration of the activity**