



DAILY WORK PLAN (DWP)

Date: _____

Job Name: _____

Job Number: _____

Location: _____

Foreman: _____

Gen Fore/Supt: _____

Description of the Work: _____

PLAN OF THE DAY (To Be Completed the Day Prior)

What is the scheduled goal for the day? _____

What is today's productivity goal (e.g. quantity/manhours)? _____

Is there anyone new to the crew/trade? Yes No If Yes, who? _____

Have they ever done this task before? Yes No If No, who is introducing this coworker to the task (the assigned mentor for the day)? _____

What are the required tolerance/finish requirements? _____

Have you reviewed the Best Practices/Good Processes for this type of work? Yes No

If yes, have they been reviewed with the crew? Yes No

Was the targeted goal achieved as planned? Yes No If No, what prevented this from happening? _____

What problems did you have with the work assignment or task? _____

Was anyone injured or did an unplanned incident occur today? Yes No If Yes, what occurred? _____

END OF DAY FEEDBACK OF SSQP

Are we selling it as we go? Yes No If No, what is required? _____

Were any OFIs identified as a result of today's work? Yes No If Yes, was it submitted? Yes No

What can we do to improve SSQP (Is there anything we should do differently)? _____

Is the work area clean, safe and without hazards? Yes No If No, what is the hazard and has it been remedied? _____

Supervisor (PRINT): _____

SIGN: _____

Date: _____

Safety/Other (PRINT): _____

SIGN: _____

Date: _____

Check if there is an alternate document required by our client for this process. If so, please attach a copy of the completed form utilized.



MISSION TASK ANALYSIS

Date: _____ Job Name: _____ Location: _____

Foreman: _____ Designated Evacuation Assembly: _____ Emergency: 911 + Supt. _____

Description of the Work: _____

Are there any special tools or equipment that you need? _____

What safety equipment and PPE do you need? _____

Are all of your crew members trained to do this task? Yes No If No, who requires training? _____

Identify needed training: _____

Hazards Associated with Task:

- | | |
|---|--|
| <input type="checkbox"/> Fire, Explosion or Release Hazard | <input type="checkbox"/> Obstruction, Interference |
| <input type="checkbox"/> Struck by (falling objects, equipment) | <input type="checkbox"/> Caught in or Between (pinch points) |
| <input type="checkbox"/> Falls | <input type="checkbox"/> Overhead Powerlines |
| <input type="checkbox"/> Hazardous Substance Exposures (see MSDS) | <input type="checkbox"/> Rigging |
| <input type="checkbox"/> Material Handling | <input type="checkbox"/> Temporary Heat |
| <input type="checkbox"/> Respiratory Hazards | <input type="checkbox"/> Below Grade Utilities |

Did you review the emergency procedures and rescue plan for your area? Yes No

Is there any work over or under you that could be hazardous? _____

List All Steps of the Job:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Identify All Hazards:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How Will You Control the Hazards?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Comments from crew on hazard mitigation: _____

Task Assignment: At the beginning of the task the foreman shall review the task to be completed for the shift and get feedback from the crew on the safety, schedule, quality and production goals. Coworkers shall sign below following the review.

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____

Coworker: _____