



BAYVIEW
PRE-TASK PLAN (PTP)

☐ Environmental ☐ Demolition ☐ Industrial ☐ CBR

JOB #: _____ **ADDRESS:** _____

PTP Completed By*: _____ **Date:** _____

Specific Locations of Work	Scope Summary
1) _____	_____
2) _____	_____
3) _____	_____

TASK:	TOOLS:	HAZARDS:	MITIGATIONS:

** To be reviewed at the start of every shift by all crew members on site. All crew members must understand and sign this PTP prior to performing any work task. **

PRE-TASK PLAN (PTP) SIGN-IN SHEET

JOB #: _____ DATE: _____

NAME:	SIGNATURE:	DATE:
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