

Safety...We live by it.



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Daily Activity Plan (SAFETY & WORK)

To be completed by supervisor every shift and reviewed with all employees prior to shift at **TOOL BOX TALK**.

JOB#:

DATE:

JOB NAME:

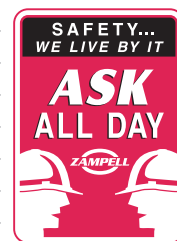
SHIFT:

SUPERVISOR:

ORIGINATOR:

SAFETY TOPICS :

1	
2	
3	
4	
5	
6	
7	
8	



SHIFT ACTIVITIES (estimated):

1	
2	
3	
4	
5	
6	
7	
8	

SAFETY CHECK LIST:

Permits / Procedures	Yes	No	Initials	Special Equipment / Devices	Yes	No	Initials
Pre-Shift Stretching				Confined Space Entry Permit			
Lockout / Tagout Required				Holewatch Kit			
Hot Work Permit Required				Air Monitor			
Welding Barricades Required				Communication Devices			
Caution / Danger Tape w/Tags				Scaffolding Permit & Tags			
Respiratory Protection Required				Fall Protection Required			
Lead Plan Required				Fall Blocks			
Emergency Number Postings				Lifelines			

EMPLOYEE SIGN OFF (All employees sign off every shift):

Print Name	Room #	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

ACTUAL WORK COMPLETED DURING SHIFT:

ISSUES DURING SHIFT (Safety & Work Related):

CHANGE OVER LOG:

Safety Reminders (next shift):

Work Required (next shift):