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| **PTA Title:**  | **Date:** |
| **Project Name:** | **Contractor Name:** |
| **Project Manager:**  | **Cell:** | **General Superintendent:** **Cell #:** |
| **1st Shift Safety Contact:**  | **Cell:**  | **2nd Shift Safety Contact:** **Cell #:** |
| **1st Shift Supervisor:**  | **Cell:** | **2nd Shift Supervisor:****Cell #:** |
| **1st Shift Foreman**  | **Cell:** | **2nd Shift Foreman:** **Cell #:** |

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| **Emergency Preparedness** |
| **First Aid:**  | **Emergency:** **Fire:** **Security:**  | **Path Finder**  |
| **Primary Care Clinic:** | **After Hours Emergency Care:** |
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| **Crane Type**  | **Description of Item to be Lifted Type of Rigging** | **Weight of Item** | **Type of Construction Equipment To Be Used (Check Your Blind Spot’s)** |
|[ ]   |  |  | [x] **Excavator** [ ] **Dozer** [ ] **Man-Lift (AWP)** |
|[ ]   |  |  | [ ] **Backhoe** [ ] **Fork Lift Type: \_\_\_\_\_\_\_\_\_\_\_\_** |
|[ ]   |       |  | [ ] **Bobcat** [ ] **T-Rex**  |
|[ ]   |  |  | [ ] **Grad-all** [ ] **Concrete**  |
|[ ]   |  |  | [ ] **Front-End Loader** [ ] **Other: \_\_\_\_\_\_\_** [ ]  **Equipment Hazards Identified** |

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| **FIELD AUDIT / OBSERVATION****\*\*\*\*\*MUST BE DONE AT LEAST ONCE PER SHIFT BY ONE OF THE FOLLOWING\*\*\*\*\*****Superintendent (S), Foreman (F), Employee (E), Project Manager (PM), Safety Professional (SP)** |
| **Signature** | **Date** | **Time** | **Safety Issues Corrected/ PPE Worn / Could Changes Be Made?** |
| **TITLE:** |  |  |  |
| **TITLE:** |  |  |  |
| **TITLE:** |  |  |  |

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| **Hazard Analysis** |
| **TASK STEPS** | **HAZARDS** | **HAZARD CONTROLS** |
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| **CHANGES IN SCOPE OF WORK OR CONDITIONS AFTER INITIAL PTA REVIEW (Document Changes On This PTA)** |
| Work Description:  |
|       |       |       |
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| **Sketch/Photo/Map of Hazards** |

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| **Post Task Review** |
| **Any lessons learned?**  | **Yes**  |[ ]  **No** |[ ]  **All tools equipment and personnel accounted for?** | **Yes**  |[ ]  **No** |[ ]
| **Specify:** | **Comments:** |

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| **EMPLOYEE NAME** | **DATE** | **EMPLOYEE SIGNATURE** | **EMPLOYEE SIGN OUT** **(BY SIGNING OUT, YOU ACKNOWLEDGE THAT YOU WERE NOT INJURED ON THE JOB TODAY)** |
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