

## JOB INFORMATION

Customer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Job Location: \_\_\_\_\_

Supervisor / TCP Lead: \_\_\_\_\_ Crew Size: \_\_\_\_\_ Client Foreman: \_\_\_\_\_

## TASK / TRAFFIC CONTROL PERFORMED

What is your task? \_\_\_\_\_

Lane closure   
  Shoulder work   
  Truck in/out   
  Moving work   
  Detour   
  Pedestrian control   
  Other: \_\_\_\_\_

## HAZARDS IDENTIFIED

<input type="checkbox"/> Traffic volume / speed	<input type="checkbox"/> Night work / lighting	<input type="checkbox"/> Line of sight
<input type="checkbox"/> Pedestrians / cyclists	<input type="checkbox"/> Intersections / driveways	<input type="checkbox"/> School / playground zone
<input type="checkbox"/> Overhead wires / utilities	<input type="checkbox"/> Uneven surfaces	<input type="checkbox"/> Mobile equipment
<input type="checkbox"/> Working alone	<input type="checkbox"/> Weather / road conditions	<input type="checkbox"/> Public interaction / violence

## STOP / THINK / ASSESS / REVIEW / TALK

<b>STOP</b>	Do I understand the scope of work?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>THINK</b>	Do I know how I am going to complete the task safely and have the right equipment?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>ASSESS</b>	Have I assessed what can go wrong and how it can occur?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>REVIEW</b>	Have I listed the hazards and controls on this form?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>TALK</b>	Have I discussed hazards, risk and controls with affected workers?	<input type="checkbox"/> Y <input type="checkbox"/> N

## TCPM POSITIONING / ESCAPE ROUTE

TCP positioned in a safe location with clear line of sight?  Y  N

Escape route identified and kept clear?  Y  N

Stop line established where required?  Y  N

TCPs clear of equipment / hazards where possible?  Y  N

Emergency procedures and muster point reviewed?  Y  N

If positioning modified, explain: \_\_\_\_\_

Controls / notes: \_\_\_\_\_

Additional controls taken: \_\_\_\_\_

## SITE ORIENTATION / COMMUNICATION

All employees on site oriented   
  Client toolbox talk attended   
  Supervisor contacted

**Cell phone use is not permitted during working hours unless required for work or an emergency.**

