

# Job Briefing Form

Date: \_\_\_\_\_ Crew: \_\_\_\_\_ Foreman: \_\_\_\_\_

Client Name: \_\_\_\_\_ Emergency Meeting Location: \_\_\_\_\_

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

Nearest Hospital/Address: \_\_\_\_\_

Designated Caller: \_\_\_\_\_ High Angle Rescue? Y / N

**EMERGENCY: 911** Office: 123-456-7890 Tree Service Supervisor: 123-456-7890 Safety Director: 123-456-7890

CHECK THE NEAREST MEDICAL CARE LOCATION FOR NON-LIFE THREATENING INJURIES

- Downtown Urgent Care 1234 Main Street, New York, NY 555-555-5555
- Infirmary Occupational Health 98765 US HWY 98 STE 18, New Orleans, LA 222-333-4444
- Doc in a Box 911 South Street, Sarasota, FL 251-928-2375
- Physicians Assistants 1000 Lionstail Way, Miami, FL 111-222-3333
- Greater County Urgent Care PC 2350 West Airline Road, **Sarasota, FL** 201-555-5555
- Not So Urgent Care 3719 Dolphin Way, Hermosa Beach, 911-123-4567
- Jimmy's Lawn Care, Sewing, Handyman Service, & Drugs 234 Seventh Street, Dallas, TX 800-367-8733

### **Energy Source Controls:**

Are overhead power lines present? Y / N

Underground power structures? Y / N

Natural Gas Structures? Y / N

**List all Jobsite Hazards** (Septic Tank, Insects, Weather etc...)

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**Work Procedure:** Was the job briefing performed with the crew before work began? Y / N  
Is traffic control in place and correct? Y / N  
Are drop zone cones in place around cutting/felling work areas? Y / N

If electrical lines are within 10 feet of work, has an electrical hazard form been filled out? Y / N

**PPE:** Chainsaw Chaps/Pants  Helmet  Eye/Ear Protection  Boots

**Inspect all climbing gear and/or bucket harness before use**

### **Pre-Existing Property Damage**

**Take pictures before beginning work!!**

Name & Initials	AM	PM

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