



**CRITICAL TASK?**

If checked, follow SWP 26.1 F

# Energy Supply Job RISK Briefing Form

**EMERGENCY COMMUNICATION  
CHANNEL / NUMBER:** \_\_\_\_\_

*Prepare, discuss and review the job plan with team before beginning work and when a change is introduced.*

Date:	Work Order #
Equipment / Unit:	
Location:	
HEC Lockbox(es) #:	

**All lone workers must conduct a briefing with your team, supervisor, crew lead, senior operator or person in charge.**

**Specific Work to be Performed on this Job:**

**Pre-Job Checklist**

**Three Planes Check (front & back, side to side, up & down) for hazards conducted?**

Yes  N/A

**Permit needed?**

LOTO Yes  N/A

*Are all associated parts and machinery in a zero-energy state, to avoid harm/injury?*

Electrical Lockout	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Valve Lockout	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Mechanical Blocking	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Hot Work	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Excavation	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Confined Space	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Radiation Work	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Energized Electrical Work	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>

**Is Fall Protection required?**

Yes  N/A

**Proper Safety Equipment & Tools available?**

Yes  N/A

**Communicated work with other(s) in area?**

Yes  N/A

Emergency Equipment Location	
Identified (Yes or N/A)	
AED	Shelter in Place / Assembly Area
Fire Extinguisher	First Aid Kit
Eyewash Station	Safety Shower
Exit	Other

**NAMES OF WORKERS RECEIVING BRIEFING:**  
*(Please Print Names Legibly)*

You have the responsibility to provide constructive feedback anytime you observe a person performing an activity that could result in injury.


Name of Person Filling Out This Form: \_\_\_\_\_

The table below gives general guidance on length of time between water breaks and a corresponding hydration target for each hour of work.

Temperature	Work Level	Maximum Minutes Worked Between Hydration Breaks	Hydration Target
< 80	Normal		8 - 12 oz / hour
80 - 85	Normal		8 - 16 oz / hour
86 - 90	Normal	50	12 - 20 oz / hour
91 - 95	Normal	45	16 - 24 oz / hour
≥ 96	Normal	40	24 - 32 oz / hour

If you are performing heavy or excessive work you will need to increase your hydration level and take more frequent water breaks.

People with a history of renal insufficiency or congestive heart failure need to be cautious of over hydrating.

Feels Like Temperature		Hydration Target
Beginning of Shift/Task		
Middle of Shift/Task		
End of Shift/Task		

