



# INTREN Job Brief

INTREN Doc # SQ.FRM.20.0.4

Always Promptly Report: Events/Incidents, ALL Vehicle Accidents, ALL Injuries to 815-923-BASE (2273).

Customer:		Work Order #:	Date:
Job Location:		Nearest Medical Facility:	
Foreman/CL:	GF:		Competent Person:
Weather	Temp:	Wind Speed:	Precipitation:
Work Type: <input type="checkbox"/> Electrical <input type="checkbox"/> Boring <input type="checkbox"/> Gas <input type="checkbox"/> Civil <input type="checkbox"/> Substation <input type="checkbox"/> Other:			

Scope of Work to be Performed: \_\_\_\_\_

Critical Job Task / Hazard	Preventative Measures/Barrier
1.	
2.	
3.	
4.	

### Identify Hold Points:

Work Area Protection:	Draw WAP Diagram:
Traffic Flow: <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light	
Following Traffic Control Plan?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MUTCD Tad #:	
Approx. # of Cones Placed:	
# Signs Placed:	
Is a Flagger Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

ZONE OF PROTECTION (ZOP) ■ NA		Live Until Proven Dead!	
Voltage = Primary:	Secondary:	Types of Tags:	<input type="checkbox"/> Undispatched Grounds
Minimum Approach Distance:			<input type="checkbox"/> Tested & Grounded
Line/Feeder/Circuit #:		Tags Recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LOTO / Hold Off / Tags Placed
Clearance / Admin Orders Reviewed # is:		Equipment #'s Recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ZOP Established
		Number of Grounds:	<input type="checkbox"/> Crew Understands ZOP
3-Part Communication w/ Designated Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Potential Backfeed Identified

**EXCAVATION: ■ NA**

One Call Numbers: Start Date: Rules to Dig By Completed:  Yes  No  NA

Inspected Area for Unmarked Facilities:  Yes  No

Additional Tickets: See Attached Forms  Secured Unattended Excavations:  Yes  No

**Check Boxes Below that Only Apply to Your Job Site**

Electric:  Yes  No Gas:  Yes  No Telecommunication:  Yes  No Water:  Yes  No Sewer:  Yes  No Other:  Yes  No

Soil Type:  Type A Soil  Type B Soil  Type C Soil Estimated Depth of Excavation: FT.

Excavation Protection System Used for Excavation of 5 ft. or Greater that Meets Soil Type:  NA  
 Trench Box  Shoring  Benching  Sloping

Ladder in Excavation at 4 ft. and Every 25 ft.:  Yes  No  NA Water Accumulation Controlled:  Yes  No  NA

Engineer Approved Plan for Excavation in Excess of 20 ft. on Site:  Yes  No  NA

**CONFINED/ENCLOSED SPACE: ■ NA**

Will the Job Require Confined Space Entry:  Yes  No Will a Permit be Required:  Yes  No

Attendant Name: Percent Oxygen: Percent Oxygen (Mid-Shift):

Emergency Retrieval System Readily Available:  Yes  No Space is Barricaded to Prevent Fall In:  Yes  No

Blower Readily Available to Force Air Ventilate:  Yes  No

**PPE: Electrical Hazards: ■ NA Site Conditions/Environmental:**

All Basic PPE Worn  
• Hard Hat (ANSI Z89)  
• Safety Glasses (ANSI Z87)  
• High Viz Vest/Clothing (ANSI 107)  
• Work Glove (ANSI 105)  
• Safety Toed Boot (ANSI Z41)  
 Primary Gloves  
 Sleeves  
 FR Clothing  
 Other:  
 Inspect all Rubber Goods  
 Rubber Properly Placed  
 Inspect All Live Line Tools  
 Equipment Checked/Calibrated  
 Inspect Pole Condition  
 Equipment Grounded  
 System Neutral  
 Pole Ground  
 Anchor  
 Screw Ground  
 Other: \_\_\_\_\_  
Why: \_\_\_\_\_  
 LOFFA Set Properly  
 Site Walk Down Complete  
 Uneven Surfaces  
 Ice/Mud/Snow  
 Public Protected  
 Pinch Points Identified  
 Leaking Equipment  
 Working Near a Wetland  
 Poison Ivy/Oak  
 Wild Life Concerns  
 PCB Contaminants Presents  
 Emergency Escape Plan  
 Proper Dewatering  
 Fire Protection Tools Checked

Mobile Equipment:  DVIR Completed  360 Walk Around  Use of Spotter  Operator Wearing Seatbelt  
 Load Properly Secured  Equipment Barricaded  Public Protected  Qualified Operator

Mid-Shift / Scope of Work Change:

Weekly Discussion Topic: Other: Event Free Clock:

**Special Health Concerns Identified:**

Please Write Your Own Name After Being Briefed	Roles and Responsibilities of Each Employee	Initial After Rebrief

Initials of Visitors: Upon Completion Retain this Job Brief for the Job Pouch