

## FIT HUMAN PERFORMANCE PRE-TASK BRIEF (PTB)

**WHEN TO CONSIDER CONDUCTING A PTB:** *Consider each participant – THIS person, THIS task, THIS time*

- **Any time anyone on the task will be working in Knowledge Based mode** (1<sup>st</sup> time they've done the task, or they've only done it a few times; Only performed parts of the task previously; Infrequent Tasks – Tasks not performed frequently by anybody, or Tasks that haven't been performed by this person in several months; "Non-regulars" in the crew – makes it different for everybody involved, even the "regulars")
- **Tasks with significant risk - safety, quality, delivery, equipment damage, etc.** (Risk not only for traumatic injuries, also consider ergo injuries, quality problems, scrapping product, delivery misses, damage to critical equipment, etc. Based on either historical data or perception, TRIGGERS, gut feel)
- **Presence of Other Error Traps** (Time Pressure, Workload, Distractions, Complexity or number of steps, "Upset" conditions / Troubleshooting, Vague work guidance or poor communications, etc.)

**INSTRUCTIONS:** *Print Double-Sided*

1. Completion of this form is required for all persons engaged in the task.
2. Reviews should be held at the task site to ensure all potential risks are identified and controlled.
3. If an employee joins the task after the initial brief they must review this brief with the leader prior to beginning work.

Date:	Leader's Name:	Who is your help chain?
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Dept/Work Area/ Equip Owner:	<b>Ambulance Stop / Eyewash Location</b>
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<b>What are you getting ready to do?</b> <i>(describe the task)</i>	
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Is there a written procedure for this task? <input type="checkbox"/> Yes – go get it <input type="checkbox"/> No - proceed	List Procedure Name / Number:
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Have you reviewed the current approved procedure/ JSA?    Yes    No – stop & review

Does the task have fatality or serious injury potential?    Yes    No   |   Is this the High Risk Task of the Day?    Yes    No

<b>Error Traps - check all that apply</b>	<b>List Tools to Mitigate the Error Trap</b>
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<input type="checkbox"/> <b>Stress, High Workload, Time Pressure</b> - tight time schedule, doing more than one task at a time, anxiety, impatience, lack of proper resources to do the task.	
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<input type="checkbox"/> <b>Vague / Poor Work Guidance</b> - guidance conflicts with past experience, instructions out of date, errors in instructions. IF or WHEN [applicable, needed, necessary, appropriate, desired] without guidance.	
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<input type="checkbox"/> <b>First Time / Infrequent Task</b> - first time YOU have done this task, or it has been longer than 6 months since YOU did it. Unfamiliar with details, no/low experience, implied experience, short duration task. First time task has been done by anyone.	
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<input type="checkbox"/> <b>Distractions</b> - feeling pulled in too many directions, getting pulled off another task, not completing original task, what's going on around you and in the workplace in general.	
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<input type="checkbox"/> <b>Overconfidence in abilities of individual or crew</b>	
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<input type="checkbox"/> <b>End of Shift or work cycle or Extended Shift</b>	
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<input type="checkbox"/> <b>Poor or Unclear Verbal / Physical Communications</b>	
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<input type="checkbox"/> <b>First day back after &gt; 4 days away</b>	
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**Hazard Assessment - check all that apply**

<input type="checkbox"/> Troubleshooting	<input type="checkbox"/> Machine Guard bypassed/removed	<input type="checkbox"/> Confined Spaces
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<input type="checkbox"/> Fall Hazard / Different Level Fall	<input type="checkbox"/> Body Placement / Stability	<input type="checkbox"/> Difficult Access
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<input type="checkbox"/> Slips / Trips / Same Level Fall	<input type="checkbox"/> Lifting / Pulling / Pushing	<input type="checkbox"/> Close Clearance/Congestion
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<input type="checkbox"/> Vehicle / Crane / Pedestrian Traffic	<input type="checkbox"/> Excessive Reaching, Bending, Twisting	<input type="checkbox"/> Line of fire, struck by, struck against
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<input type="checkbox"/> New Traffic Patterns	<input type="checkbox"/> Repetitive motion / vibration	<input type="checkbox"/> Pinch Points (Caught in / between)
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<input type="checkbox"/> Overload (Floor Plates /Vehicle /Roof)	<input type="checkbox"/> High or Low Temperatures	<input type="checkbox"/> Towing/Hitching
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<input type="checkbox"/> Fluids & Chemicals	<input type="checkbox"/> Needs to Cut Anything	<input type="checkbox"/> Hand Placement Hazards
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<input type="checkbox"/> Coordination / Communication with Others	<input type="checkbox"/> Hygiene - Gasses, Dust, Noise, Asbestos, Lead, O2 deficiency, etc	
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<input type="checkbox"/> Electrical / High Voltage	<input type="checkbox"/> Air / Storm Water / Other Waste	
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<input type="checkbox"/> Power Outage (fire protection, lighting, exit)	<input type="checkbox"/> Other:	
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Countermeasures - check and discuss all that apply		
<input type="checkbox"/> Inspections (pre-use or scheduled)	<input type="checkbox"/> MSDS	<input type="checkbox"/> Worker Position/Location
<input type="checkbox"/> Pre-cleanup	<input type="checkbox"/> Air Monitoring	<input type="checkbox"/> Worker Communication
<input type="checkbox"/> Barricading, Signs	<input type="checkbox"/> Safety Watch / Spotter	<input type="checkbox"/> HP Observation
<input type="checkbox"/> Lighting	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Lock, Tag, Verify _____
Additional PPE: <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding/Burning <input type="checkbox"/> Electrical PPE <input type="checkbox"/> Molten Metal PPE		
<input type="checkbox"/> Gloves _____ <input type="checkbox"/> Respirator _____ <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Fall Protection		
Applicable Permits : <input type="checkbox"/> Confined Space <input type="checkbox"/> Digging <input type="checkbox"/> Hot Work <input type="checkbox"/> Roof Access		
Environmental : <input type="checkbox"/> Waste Containers <input type="checkbox"/> Spill Prevention <input type="checkbox"/> Disposal procedures		
Ergonomics : <input type="checkbox"/> Task Rotation <input type="checkbox"/> Dedicated Work Breaks <input type="checkbox"/> 2-Person Lift <input type="checkbox"/> Hydration (drink water)		
<input type="checkbox"/> Pre-Shift Stretching / Warm-ups <input type="checkbox"/> Special Equipment to Lift Awkward / Heavy Items		
<input type="checkbox"/> Others (describe below in applicable task step)		

**List the Critical Steps Needed To Complete This Task**  
*Critical Step – any **step or action** that is unrecoverable and if performed incorrectly would cause significant harm to people, equipment, quality or the environment*

Critical Step	What could go wrong?	Countermeasures

**What is the worst thing that could happen?**

**Under what conditions should we STOP this task?**

**Can YOU do this task safely?** (Ask each participant for verbal response)  Yes  No

**Participating in the PTB (List all):**

TOOLS	Verbalize action and expected result, Point to Equipment before Touching it	Step-by-Step	Stop & Seek Help if Unsure
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**At any time during the task, the procedure cannot be followed, STOP and contact your supervisor.**

<b>Post Task Brief:</b>	Did the PTB or performance of the task reveal a previously unknown or unrecognized significant risk or other significant issue?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Conduct Detailed Post-Task Review
	Does a procedure / JSA need to be written or revised?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Conduct Detailed Post-Task Review
	Are there any lessons learned that the next people performing the task need to know?	<input type="checkbox"/> No <input type="checkbox"/> Yes- Conduct Detailed Post-Task Review

The Detailed Post Task Review should follow a more formal "After Action Review" format:  
 What went well? What did not go as well? What are the lessons we need to learn?  
 What are the follow-up actions and who will do them?