



Public Works Response Team

Job Safety Briefing Form



Activity /Task: _____

Date: _____

Location: _____

Time: _____

Briefer: _____

No. Attending: _____

Hazard Identification (existing and potential)	Risk Rating

Work Procedures to be Followed (job standards, policies, individual assignments)

Special Precautions to be Observed

PPE Required

Crewmembers' Signature	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Reviewer's Signature: _____	Risk Rating: E: Extreme H: High M: Moderate L: Low
Date: _____	