

Task Briefing/Daily Activity Briefing (Including COVID 19)

R No / Project Name:	Manager/Supervisor:	Week Commencing:	SOP Version
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Work must not commence until a daily task briefing has been completed.

	Monday				Tuesday				Wednesday				Thursday				Friday			
	Yes	No	NA	Task/Comments	Yes	No	NA	Task/Comments	Yes	No	NA	Task/Comments	Yes	No	NA	Task/Comments	Yes	No	NA	Task/Comments
Is your team gathered at the workplace?																				
Is everyone fit and healthy for work?																				
Is anyone showing signs of COVID 19?																				
Has this week's check been carried out and authorised by MF/ZA?																				
Is everyone aware of, and working to, the current SOP																				
Are the measures approved in the weekly review still in place?																				
Has your team received RAMS for the tasks ahead? Including COSHH																				
Does your team understand the requirements for the task?																				
Have any changes occurred since yesterday that could affect work or health and safety?																				
Are there any work interfaces that could affect/be affected by yours?																				
Will weather conditions affect the team today?																				
Does everyone have the correct and maintained equipment for the task ahead?																				
Are you using a method/process/product we haven't used before?																				
What mistakes could we potentially make?																				
Is safe access agreed and available?																				
Is any plant and equipment in use within the LOLER Thorough Examination period?																				
Are your team aware of how and why they need to report incidents and near misses?																				
Does the team feel like they are able to work safely today?																				

Signed by Attendees					
Monday	Tuesday	Wednesday	Thursday	Friday	Translator Name & Signature