OVERVIEW				
JOB NAME		LOCATION		
START DATE		END DATE		
WORK TO BE PERFORMED BY		PROJECT MANAGER		
PROJECT MANAGER PHONE		PROJECT MANAGER EMAIL		
DESCRIPTION OF WORK				
ASSOCIATED HAZARDS e.g. voltage, current, etc.		HAZARD MITIGATIO	DN e.g. specific PPE,	barriers etc
Wasterian browners a street was to a live service and the service serv		N	_	
INSPECTION REQUIRED AFTER WORK? Enter "YES" or "NO." (Required for New Installations.)				
APPROVALS				
ORIGINATOR NAME	(ORIGINATOR SIGNATURE		DATE
ADDITIONAL APPROVAL NAME	ADDITIONAL APPROVAL SIGNATURE			DATE
ACKNOWLEDGEMENT BY PARTICIPANTS all workers to read, sign, print name, and date				
PRINTED NAMES		SIGNATURES		DATE

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