

DAILY ACTIVITY/TASK BRIEFING

Date:	
Project:	
Location of Task/Activity:	
RAMS Reference:	

Description of task/activity	
Permit to Work required?	
Access Equipment required?	

Personal Protective Equipment											
	Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐
Safety helmet with chin strap			Hand protection (EN388 CE4543 complaint)			Safety glasses (EN166 1F compliant)			Safety boots (S3) with ankle support and mid sole protection		
	Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐
Branded Hi-Vis Vests			Personal Fall Protection			Respiratory protection			Face Covering		

List the operatives involved in this task/activity

#	First Name	Surname	Company	Signature
1.				
2.				
3.				
4.				
5.				

Briefing Delivered By:	
Position:	Site Manager
Date:	
Signature:	