|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Contractor** |  | **Date & Time** |  |
| **Line/Area where Work will be Performed** |  |
| **Performing Authority (Contract Lead) (Printed)** |  | **Site Contact (Printed)** |  |
| **Performing Authority (Signature)** |  | **Site Contact (Signature)** |  |
| **Performing Authority Phone #** |  | **Site Contact** **Phone #** |  |

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| **Has Training/Orientation been completed for ALL workers?** |  **Yes** [ ]  **No** [ ]   |

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| **WHAT HAZARDS & CONTROLS?** | **YES** | **NO** | **WHAT HAZARDS & CONTROLS?** | **YES** | **NO** |
|   | **Slip, trip or fall?** |  [ ]  | [ ]  |   | **Chemicals, dusts or gases?** |  [ ]  | [ ]  |
| **Control:** | **Control:** |
|
|   | **Splashes, flying debris?** |  [ ]  | [ ]  |   | **Sharp edges or low clearances?** |  [ ]  | [ ]  |
| **Control:** | **Control:** |
|
|   | **Hot/Cold surfaces or materials?** |  [ ]  | [ ]  |   | **Crush or cut risk to hands/fingers?** |  [ ]  | [ ]  |
| **Control:** | **Control:** |
|
|   | **Manual handling, ergonomics?** |  [ ]  | [ ]  |   | **Vehicle or PIT movements?** |  [ ]  | [ ]  |
| **Control:** | **Control:** |
|
|   | **Pinch points or draw-in hazard?** |  [ ]  | [ ]  |   | **Other Hazards?** |  [ ]  | [ ]  |
| **Control:** | **Control:** |
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| **PERMIT REQUIREMENTS (Circle Any that Apply):** |
| **Working at Height:**  | **Hot Work:**  |
| Any job where someone could fall > 6 feet on non-standard working surface | Any job that could create an ignition source(grinding, welding, cutting, etc.) |
| **High Hazard Electrical Work:**  | **Demolition:**  |
| On electrical equipment or systems ≥1kv  | Tasks involving demolition where material could fall > 6 feet  |
| **Hazardous Line Breaking:** | **Mode 4 Machine Intervention:** |
| Any opening to atmosphere of line/system that may be hazardous | Any intervention on equipment that requires hazardous energy to **NOT** be controlled |
| **Critical Lift:**  | **Ground Disturbance:**  |
| Lifts > 2,200 lbs or complicating risk factors | Tasks involving ground disturbance > 300mm. (11.8 in.) |
| **Confined Space:**  |
| Any job with restricted entry/exit and not designed for continuous human occupancy (Safety team must be involved) |

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| **What PPE Do I Need?** |
|  **if required** |  |  |  |  |  |  |  |  |  |  |  |
| Helmet/Bump cap | Safety footwear | High Viz | Eye protection | Face protection (Full shield) | Ear protection | General use (Cut resist)  | Respiratory protection (Dust mask) | Respiratory protection (Gas mask) | Personal fall arrest system (Safety harness) | Protective clothing |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| If using protective GLOVES indicate type (Blade Handling Cut Resistant Grade 4, Chemical, High Temperature, etc.): |  |

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| **What Do I Need To LOCK-OUT & TAG-OUT?** | **[ ]  CHECK IF NOT APPLICABLE**  |
| ElectricalMain[ ]  | ElectricalLocal[ ]  | Compressed AirHigh[ ]  | Compressed AirLow[ ]  | Hydraulic[ ]  | Gravity[ ]  | Stored Energy-Springs, Air[ ]  | Thermal[ ]  | Chemical[ ]  | Water[ ]  |

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| **Are there OTHER RISK FACTORS?** | **Yes** | **No** | **What ACTION(S) will I take?** |
| Do I have all the tools and equipment I need and are they the best ones for the task(s)? | [ ]  | [ ]  |  |
| Are all tool and equipment guards in place? | [ ]  | [ ]  |
| Are all electrical cords in good condition with no fraying or wear? | [ ]  | [ ]  |
| Do I need assistance to complete the tasks? | [ ]  | [ ]  |
| Are there risks for others in your work area or adjacent work areas? | [ ]  | [ ]  |

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| **Specific DESCRIPTION of Job Tasks/ Equipment** |
| **Today's Most Hazardous Job Task** | **Equipment Needed to Complete Job**  | **Specific Bodily Injury** **that Could Occur** | **Specific Precautions** **You Will Take** |
|
|   |   |   |   |
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| **Who or What Motivates You to Work Safely?** |
|   |
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| **PERFORMING AUTHORITY SAFETY COMMITMENT** |
| I have reviewed the potential hazards, identifed the right controls and am committed to working safely on this job.I understand my responsibility to stop work if there is an at-risk condition or behavior that could lead to an injury or incident.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **ONLY PROCEED IF YOU ARE SURE YOU CAN DO THE JOB SAFELY!**  **IF IN DOUBT, STOP AND SEEK ADVICE!** |