|  |  |  |  |
| --- | --- | --- | --- |
| **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 #** |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | |
|

|  |  |
| --- | --- |
| **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) | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.): | | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What Do I Need To LOCK-OUT & TAG-OUT?** | | | | | | | **CHECK IF NOT APPLICABLE** | | | |
| Electrical  Main | Electrical  Local | Compressed Air  High | Compressed Air  Low | Hydraulic | Gravity | Stored Energy-Springs, Air | | Thermal | Chemical | Water |

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|
|  |  |  |  |
|
|
|

|  |
| --- |
| **Who or What Motivates You to Work Safely?** |
|  |
|

|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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