

Location of work

Name of person completing form

Scope of Work / Job Description

Signature

Date

Check off all items from the checklist below that apply to the scope of work being performed. Items checked are to be discussed and explained with the crew prior to performing the work to ensure that the safety requirements necessary to safely perform the work are understood.

HAZARD POTENTIALS

- | | | | |
|------------------------|-------------------------------------|---------------------------|-------------|
| Fall Potential | Rotating Machinery | Excavation | Materials |
| Pinch Points | Adequate Lighting | Flammable/Fire/Hot Work | Type _____ |
| Electrical Shock | Access/Egress | Slip/Trip | Other _____ |
| Flying Particles | Asbestos Containing Materials (ACM) | Power Tools | Other _____ |
| Thermal Burns | Exposure to Energies (RF) | Walking Surfaces | |
| Sharp Objects | Ladder Work | Confined Space | |
| Heat Stress (hot/cold | Noise | Ergonomic Conditions | |
| Environments/Surfaces) | Chemical Burns | Manual/Mechanical Lifting | |

PERSONAL PROTECTIVE EQUIPMENT REQUIRED

- | | |
|----------------------------------|--|
| Safety Footwear (Green Triangle) | WHMIS Product Requirements |
| Safety Glasses | Fall Protection (Full Body Harness) |
| Safety Goggles | Shock Absorbing Lanyard |
| Face Shield | Rope Grab System |
| Hearing Protection | Clothing: Long Sleeves/Pants |
| Hard Hat | First Aid Kit |
| Reflective Safety Vest | Eye Wash Bottle/Station |
| Safety Cones | Fire Extinguisher |
| Work Gloves | Chemical Splash Rubber Apron |
| Electrically Safe Rubber Gloves | Fire Rated Clothing |
| Lock & Tags (lock out/tag out) | Respiratory Protection/Respirator Mask |
| Dust Mask | Arc Flash PPE/Face Shield |
| Rubber Gloves | Other _____ |
| | Other _____ |

HAZARDOUS WORK CONTROLS

- Lockout/Tag Out (Controlling Hazardous Energies)
- Confined Space
- Site Fall Protection Rescue Plan
- Hot Work Permit
- Sprinkler Impairment Form
- Other _____
- Other _____
- Other _____



Please provide details on the steps to complete this job, the risks or hazards involved with those steps and how the steps are going to be performed safely:

| STEP | Describe Actions to complete this step | What are the risks or hazards to complete this step? | Actions taken to eliminate or control the risks or hazards |
|------|--|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Additional Comments:

| Team Members (please print) | Signatures |
|-----------------------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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EMERGENCY CONTACT INFORMATION

In the event of an emergency (OSH, First Aid, Security, Operational, Spill/Release, etc), please contact 1-866-242-0124.

