

STEP 1: WHAT IS THE TASK?

Task Description

Break the above task down into steps involved in getting the job completed on the inside of this card in column 1. Consider the following activities when developing steps:

Picking up materials	Deliveries
Drive to/from site	Job activity steps

STEP 2: ASSESS THE HAZARDS

Check off the applicable example hazards. Include each hazard in column 2 on the inside of this card next to the applicable task step.

- | | | |
|---|--|--|
| <input type="checkbox"/> Fall From Heights | <input type="checkbox"/> Equipment Bind Spots | <input type="checkbox"/> Cranes / Rigging |
| <input type="checkbox"/> Suspension Trauma | <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Uneven Surfaces / Rough Terrain |
| <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Atmospheric Hazards | <input type="checkbox"/> Slips, Trips, Falls |
| <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Sharp Surfaces | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Structural Failure | <input type="checkbox"/> Pinch Points | <input type="checkbox"/> Wind |
| <input type="checkbox"/> RF Exposure | <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Dust / Flying Particulates |
| <input type="checkbox"/> Electrocution | <input type="checkbox"/> Awkward Positions | <input type="checkbox"/> Hot / Cold |
| <input type="checkbox"/> Open Holes / Skylights | <input type="checkbox"/> Obstructions | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Excavation Collapse | <input type="checkbox"/> Underground Utilities | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Driving | <input type="checkbox"/> Night Work |
| <input type="checkbox"/> Access / Egress | <input type="checkbox"/> Remote Location | <input type="checkbox"/> Public Interaction |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animals / Insects | <input type="checkbox"/> Other Contractors |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Struck By / Against | <input type="checkbox"/> Inexperienced Workers |

STEP 3: CONTROL THE HAZARDS

Check off the applicable example controls. Include each control in column 3 on the inside of this card next to the applicable hazard.

- | | | |
|--|---|--|
| <input type="checkbox"/> Substitute the object | <input type="checkbox"/> Aerial Devices | <input type="checkbox"/> Gas or RF Monitor |
| <input type="checkbox"/> Work Area Control Zones | <input type="checkbox"/> Signage / Cones | <input type="checkbox"/> Barriers / Guards / Covers |
| <input type="checkbox"/> Procedures & Practices | <input type="checkbox"/> Radio Communication | <input type="checkbox"/> Training / Education |
| <input type="checkbox"/> Job / Shift Rotation (Limit Exposure) | <input type="checkbox"/> Site / Equipment Inspections | <input type="checkbox"/> Locates / As-Build Drawings |
| <input type="checkbox"/> Shoring / Sloping | <input type="checkbox"/> Safety Watch / Spotter | <input type="checkbox"/> Rescue Plans |
| <input type="checkbox"/> Personal Fall Protection Equip. | <input type="checkbox"/> Hard Hat / Steel Toe Boots | <input type="checkbox"/> Work on Ground vs. at Heights |
| <input type="checkbox"/> Permits | <input type="checkbox"/> Stretching | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Protective Gloves |

STEP 4: Task Pre-Start Checklist

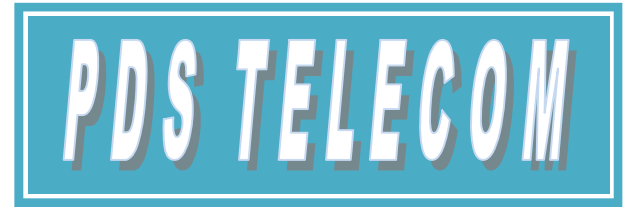
Y N A

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Reviewed the Project/Contract Risk Assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All PPE to perform the task available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tools, equipment, and vehicles been inspected prior to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all personnel involved in this task have the required training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are lock-out requirements in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a job specific Emergency Response Plan in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all required permits been completed? (e.g. municipal, ground disturbance, confined space, environmental, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a rescue plan in place (confined space, working at heights)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 5: Task Completion Checklist

Y N A

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Was the work area cleaned up at the end of the job/shift? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all safety controls/overnight work zone signage in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have tools, equipment and vehicles been inspected after they've been used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the site been secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



ON-SITE HAZARD ASSESSMENT

Supervisor's Name: Prem Sivasothy

Date: _____ Time: _____

Project # _____

Job Location: _____

List Each Person on Worksite (Print and Signature):

1. _____
Name Signature

2. _____

3. _____

4. _____

5. _____

6. _____

Mentored Employee:----- Experienced Partner:

1. _____ 1. _____

2. _____ 2. _____

- All members of the crew must sign above prior to commencing work.
- The supervisor must sign below to indicate that the FLHA has been reviewed and discussed with all crewmembers involved with the tasks listed above.
- All new persons to the site must review and sign off on the FLHA to be granted access on site.

Supervisor Review Sign Off:

STEP 1. BREAK THE TASK DOWN INTO STEPS

1. Drive to site / site set up / equipment staging

EMERGENCY MUSTER LOCATION:

**STEPS CHANGED?
UPDATE THIS JOB PLAN**

STEP 2. NEXT TO EACH STEP WRITE DOWN THE APPLICABLE HAZARDS

**HAZARDS CHANGED?
UPDATE THIS JOB PLAN**

STEP 3. NEXT TO EACH HAZARD WRITE DOWN HOW IT WILL BE CONTROLLED

**CONTROLS CHANGED?
UPDATE THIS JOB PLAN**