

Job/Task: \_\_\_\_\_ Date: \_\_\_\_\_  New  
 Work Location: \_\_\_\_\_  Revised  
 Employee(s): \_\_\_\_\_

**In case of an incident, the following people will be contacted:**

Supervisor: \_\_\_\_\_  
 Safety: \_\_\_\_\_  
 Other: \_\_\_\_\_

- What is the most hazardous part of this job and what are you going to do to control the hazard? \_\_\_\_\_
- Are you properly trained to complete these tasks? \_\_\_\_\_
- What do you need to ensure this job is completed incident and injury free? \_\_\_\_\_
- What conditions, job changes or distractions could call for the need to use Stop Work Authority? \_\_\_\_\_

Sequence of Job Steps	Potential Hazard(s)	Recommended Action/Procedure

Examine each step carefully to find and identify hazards or potential dangers that could lead to injury, illness or damage.  
 Consider the following:

**Chemical Hazard:**  
 \_Inhalation \_Skin Contact  
 \_Absorption \_Injection  
 Ingestion

**Biological Hazards:**  
 \_Bloodborne Pathogens  
 \_Mold \_Valley Fever  
 \_Plant/Insect/Animal

**Physical Hazards:**  
 \_Electrical  
 \_Fire/Explosion  
 \_Noise \_Radiation  
 \_Thermal Stress  
 \_Pinch Point/Line of Fire  
 \_Slips/Falls  
 \_Strike against/Struck by

**Ergonomic Hazards:**  
 \_Repetition  
 \_Forceful exertion  
 \_Awkward Posture  
 \_Contact Stress  
 \_Vibration  
 \_Work Area Design

Additional Personal Protective Equipment Req'd	<input type="checkbox"/> face shield <input type="checkbox"/> chemical goggles <input type="checkbox"/> chemical protective clothing <input type="checkbox"/> rubber boots <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> leather gloves <input type="checkbox"/> cut resistant gloves <input type="checkbox"/> respiratory protection _____ <input type="checkbox"/> arm protection <input type="checkbox"/> hearing protection <input type="checkbox"/> fall protection <input type="checkbox"/> Other _____		
Required Permits/Safe Work Plans	<input type="checkbox"/> General SWP <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Lift Plan/Crane Ops <input type="checkbox"/> Work in proximity to Overhead Conductors <input type="checkbox"/> Simultaneous Operations		
Gas Detection Equipment Needed	<input type="checkbox"/> H <sub>2</sub> S monitor <input type="checkbox"/> LEL, O <sub>2</sub> , H <sub>2</sub> S, CO Monitor <input type="checkbox"/> Other _____		
List hazardous substances MSDS reviewed? <input type="checkbox"/> yes <input type="checkbox"/> n/a	_____ _____		
Site Control	<input type="checkbox"/> barricades <input type="checkbox"/> post signs <input type="checkbox"/> caution tape <input type="checkbox"/> designated area for vehicles <input type="checkbox"/> heavy equipment spotter <input type="checkbox"/> establish meet and greet process		
Environmental Conditions	Weather:	Terrain:	Wildlife:
Hazardous Energy Control	<input type="checkbox"/> LOTO checklist complete <input type="checkbox"/> LOTO devices in place <input type="checkbox"/> energy isolation verified <input type="checkbox"/> electrical <input type="checkbox"/> hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> mechanical <input type="checkbox"/> thermal <input type="checkbox"/> chemical		
Tools and Equipment	<input type="checkbox"/> pre-use inspection complete <input type="checkbox"/> trained in use of tool/equipment List tools/equipment being used: _____		