

Maintenance PASS

(Pre-Job Area Safety Survey)

Instructions:

1. Prior to beginning any work pertaining to upset conditions, non-routine work tasks, lockouts or any task where no task specific work procedure exists, complete this survey. The survey can be displayed in the work area or held on your person until the job/task is completed.
2. When work is completed or before leaving at the end of your shift, return the completed survey to your supervisor or drop box.

Date:

Time:

Shift:

Start of
Shift Task
Specific

Sawmill Planer Yard Other

Employee(s):

Job/Task Location:

Job/Task of Work Performed:

Scope of Work: HIGH RISK WORK ACTIVITY REQUIRES INCREASED FREQUENCY OF INSPECTIONS!

High Risk Work Activity

Lockout Hotwork Confined Space Work at Height >10' >25' Hoisting/Rigging Crane Use Excavation
Energized Equipment Mobile Equipment Aerial Work Platform Potential to Contact Overhead Powerlines

Inspections and Site Conditions

PPE: Required Basic PPE Specialty PPE Good Condition Clean

Work Area: Adequate Lighting? Yes No Area Clean (dust/debris): Yes No Other workers in the area? Yes No
Anything Changed? Yes No

Standing Surface: Flat Sloped Uneven/Obstacles Slippery Ladders/Stairs

Tools: Hand Tools Power Tools Lifting Device Rigging Ladder
Electrical Cords Ground Fault Interrupters (GFI) Other Good Condition Clean

Fall Protection: Harness Lanyard Anchor Guardrail
Control Zone Ladder tied off Good Condition Clean

Equipment: Forklift Skid Steer Aerial Platform (Boom/Scissor) Crane Good Condition Logbook

Permits/Forms: Confined Space Crane Field Assessment Electrical PASS Card Excavation Live Equipment Process
Mobile/Equipment Pre-Trip Form Electrical Work Permit Hot Work Permit Fall Protection Plan (>25' Fall)

Hazards Identification and Control		
Ergonomics	Detail/Description	Actions and Controls
Repetitive Strains		
Over Extension/ Exertion		
Body Position	Comfortable <input type="checkbox"/> Awkward <input type="checkbox"/> Work above Head <input type="checkbox"/>	
Weight / Lifting (Heavy/Awkward)	<50lbs <input type="checkbox"/> 50-80lbs <input type="checkbox"/> >80lbs <input type="checkbox"/>	1 Person <input type="checkbox"/> 2 Person <input type="checkbox"/> Leverage <input type="checkbox"/> Lift device <input type="checkbox"/>
Other:		
Have You Considered These 4 Critical States? 1. Rushing 2. Fatigue 3. Frustration 4. Complacency		Have you Considered These 4 Critical Errors? 1. Eyes not on Task 2. Mind not on task 3. In the line of fire 4. Poor balance, traction, grip
Physical	Detail/Description	Actions and Controls
Slip/Trip/Fall		
Cut by Sharp Edges		
Projectiles/Flying Debris		
Overhead/Suspended		
Struck by or against		Hands Free <input type="checkbox"/> Body Clear <input type="checkbox"/>
Fall From Height	<input type="checkbox"/> <10ft <input type="checkbox"/> >10ft <input type="checkbox"/> >25ft	
Combustible Dust		
People	Operator <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/>	Control Zone <input type="checkbox"/> Signage <input type="checkbox"/> Verbal Communication <input type="checkbox"/>
Energy Sources	Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Air <input type="checkbox"/> Gravity <input type="checkbox"/> Rotation/Kinetic <input type="checkbox"/>	
Working Alone/ Isolation		
Other:		
Are there any tools or processes that would make this job/task easier or more efficient?		
Ask yourself: What are the hazards? How can I protect myself and others?		
Help	Do I need help? Am I trained? Who is going to help me?	
Surroundings	What is my 10' circle of danger? Falls, trips, falling material, energy sources.	
Standing	What am I standing on? Is it stable, free of debris, slippery, too small?	
Tools	Am I using the proper tool for the job? Am I using it correctly? Is it in good condition?	
People	Anyone else in the area? Did I communicate my work activity to them?	
Breaks Free	Is there a pinch point, or bite zone of the equipment? What tool can slip and hit me? Are there boards under tension? If it breaks free, where will it hit me?	
Weight	How much weight am I dealing with? What is the best way to lift it? Do I need help or a lifting device?	
Position	What position is my body in? Is it awkward? In the line of fire? Is there potential for repetitive strain?	
PPE	Do I have the right PPE for the task? Is it in good condition?	
Lockout	Have I considered all the energy sources? Have I secured locks to all the required locations? Are all lockout tests completed?	
Supervisor Review/Comments (i.e. Feedback, additional hazards, concerns, or controls identified during review)		
Controls/Solution/Action = What actions did you take to fix it or make it safer?		