

Pre-work Hazard Analysis & Job Plan

Section 1: Task Description

Date: _____ **Time:** _____ **Contractor Supervisor:** _____

Location: _____

Description of Work Activity:

Section 2: Work Activity and Permit Requirements

High-Risk Work Activity (Select All that Apply):

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

Permits or Plans Required (Select All that Apply):

Lockout Confined Space Entry Permit Excavation Permit Other (Specify):
 Fall Protection Plan Power Line Proximity Assessment Critical Lift Plan
 Hot Work Permit Asbestos Removal (NOP) Safeguard Removal

Section 3: Hazard Assessment and Control

General Hazards (for each applicable hazard, place a number to the right and transfer ID# to Engineering and Controls Table)

	Energized or Moving Equipment		Rigging
	Working at Heights (scaffold, ladders, roofs)		Working Alone
	Removal of Safeguard (railing, guarding)		Chemical / Gas Hazard
	Overhead Lifting (crane, hoist)		Explosive Atmosphere
	Stored Pressure Systems (i.e. propane, NH3)		Stored Energy
	Overhead Hazards (working above or below)		Cuts / Abrasion
	Other Workers in Area / Foot Traffic		Particles in Eyes
	Mobile Equipment		Spills
	Pinch Points / Snag / Crush		Noise
	Work Near Railway (within 10')		Confined Space
	Extreme Temperatures (heat/cold)		Lighting
	Awkward Positioning / Posture		Excavation
	Lift to Heavy / Awkward Lift	Other:	
	Overexertion / Working Above Head		

PPE and Administrative Controls

Standard PPE (hard hat, safety glasses, steel-toed boots, hearing protection, High-Vis Apparel)
 Gloves (leather, chemical, etc.) Fall Protection Equipment Fall Arrest
 Chemical Goggles Barricades, Signs, Tape Acid/Chemical/Suit
 Face Shield Coveralls Portable Gas Detectors
 Awareness of Safety Showers Respirator (annual fit test required) Awareness of Alarms in Area
 Awareness of Eyewash Stations Fire Blankets Ventilation – mechanical or portable
 Fire Extinguishers Emergency Radio/Phone Contact Fire Watch Person
 Awareness of Fire Hose Locations Housekeeping Awareness of Evacuation Routes
 Work Instructions MSDS
 Other Specialized PPE: Water Resistant Suit

Engineering and Physical Controls

Hazard ID #	Control

Section 4: Emergency Response:

Emergency Response Plan:

Site Contact Name:	Communication Method: Radio <input type="checkbox"/> Cell Phone: <input type="checkbox"/>
Muster Point Location:	
Rescue Procedures as applicable:	

Section 4: Inspection, Monitoring and Communication

Inspection and Monitoring Plan (Select All that Apply):

Communication of Job Plan with affected Mill Personnel <input type="checkbox"/>	Contractor Tailgate Meeting <input type="checkbox"/>	Collect Tailgate meeting minutes <input type="checkbox"/>
Complete worksite inspection <input type="checkbox"/>	Contractor worker observations <input type="checkbox"/>	Other: _____

Section 5: Job Plan Review and Approval

Hazard Assessment Performed By:

Company Rep Name:	Signature:	
Contractor Rep. Name:	Signature	
Approved by Company Superintendent or Manager		
Name:	Signature:	Date:

Section 6: Tailgate Meeting Review and Sign-off

Contractor Supervisor Name:		Date:	
Attendees (Print Name)	Initial	Attendees (Print Name)	Initial

Comments:
