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| **Pre-work Hazard Analysis & Job Plan** | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | Hot work | | | 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  Fall Protection Plan  Hot Work Permit | Confined Space Entry Permit  Power Line Proximity Assessment  Asbestos Removal (NOP) | Excavation Permit  Critical Lift Plan  Safeguard Removal | Other (Specify): | | | | | | | | | | | | | | | | | | | | | | |
| **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.)  Chemical Goggles  Face Shield  Awareness of Safety Showers  Awareness of Eyewash Stations  Fire Extinguishers  Awareness of Fire Hose Locations  Work Instructions  Other Specialized PPE: | | | | | | | Fall Protection Equipment  Barricades, Signs, Tape  Coveralls  Respirator (annual fit test required)  Fire Blankets  Emergency Radio/Phone Contact  Housekeeping  Water Resistant Suit | | | | | | | | | | | Fall Arrest  Acid/Chemical/Suit  Portable Gas Detectors  Awareness of Alarms in Area  Ventilation – mechanical or portable  Fire Watch Person  Awareness of Evacuation Routes  MSDS | | | |
| **Engineering and Physical Controls** | | | | | | | | | | | | | | | | | | | | | |
| **Hazard ID #** | | | **Control** | | | | | | | | | | | | | | | | | | |
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| **Section 4: Emergency Response:** | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Response Plan:** | | | | | | | | | | | | | | | | | | | | | |
| Site Contact Name: | | | | | | | | | | | | Communication Method: Radio  Cell Phone: | | | | | | | | | |
| Muster Point Location: | | | | | | | | | | | | | | | | | | | | | |
| Rescue Procedures as applicable: | | | | | | | | | | | | | | | | | | | | | |
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| **Section 4: Inspection, Monitoring and Communication** | | | | | | | | | | | | | | | | | | | | | |
| **Inspection and Monitoring Plan (Select All that Apply):** | | | | | | | | | | | | | | | | | | | | | |
| Communication of Job Plan with affected Mill Personnel | | | | | | Contractor Tailgate Meeting | | | | | | | | Collect Tailgate meeting minutes | | | | | | | |
| Complete worksite inspection | | | | | | Contractor worker observations | | | | | | | | 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** | |
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| **Comments:** | | | | | | | | | | | | | | | | | | | | | |
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