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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):** |
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| [ ]  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 InstructionsOther 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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