

Identify & evaluate job risks, exposure, hazards & potential energy, then mitigate them through the hierarchy of control.

Complete this form at the job site with all involved employees. If conditions change, **STOP** work & review with all involved.

Equipment #:

Work Area:

Job Description:

WO #:

Routine
 Non-Routine
 Is there an SOP for the job?
 Yes No
 Was the SOP reviewed?
 Yes No

Fatal Risk Management Circle those that apply



Blasting



Confined Space



Contact with Electricity



Drowning


 Entanglement and
Crushing

 Hazardous Substance -
Acute

 Hazardous Substance -
Chronic


Fall from Heights



Falling Objects



Fire



Ground Failure



Lifting Operations



Rail Collision



Rail Impact on Person


 Uncontrolled release of
Energy

 Vehicle Collision or
Rollover

 Vehicle Impact on
Persons

Additional Hazard Identification Only mark those that apply

Work Environment

Are there any elements or conditions in the work environment that could injure you or others?

- | | |
|--|---|
| <input type="checkbox"/> Illumination / Visibility | <input type="checkbox"/> Engulfment |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Wildlife / Insects |
| <input type="checkbox"/> Highwalls / Slopes | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Water | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Atmosphere (H ₂ S, CO ₂ , air, mist etc.) | |

Other: _____

Energy Sources

Have all potential energy sources that may injure you or others been identified?

- | | |
|---|--|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Pneumatic / Air | <input type="checkbox"/> Gravity |
| <input type="checkbox"/> Thermal | <input type="checkbox"/> Stored / Under Pressure |
| <input type="checkbox"/> Chemical / Corrosive | <input type="checkbox"/> Explosive |

Other: _____

Line of Fire

Will any proximity to work, movement, release or change in condition cause you or others injury?

- | | |
|---|---|
| <input type="checkbox"/> Overhead Work | <input type="checkbox"/> Fly Metal |
| <input type="checkbox"/> Power Lines / Cables | <input type="checkbox"/> Arc Flash / Blast |
| <input type="checkbox"/> Material Handling | <input type="checkbox"/> Objects in Motion |
| <input type="checkbox"/> Trenching / Excavating | <input type="checkbox"/> Pipe Handling |
| <input type="checkbox"/> Tooling Failure | <input type="checkbox"/> Mobile Equipment |
| <input type="checkbox"/> Constricted Work Area | <input type="checkbox"/> Congestion / Traffic |

Other: _____

Personal / Behavior

What personal conditions, actions or thoughts like complacency, could result in injury to you or others?

- | | |
|---|--|
| <input type="checkbox"/> Slips / Trips / Falls | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Sprain / Strain | <input type="checkbox"/> Training / Competence |
| <input type="checkbox"/> Ascending / Descending | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Pinch Points: Hand, Body | <input type="checkbox"/> Equipment Interaction |
| <input type="checkbox"/> Footing / Uneven Ground | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Hydration |

Other: _____

Hierarchy of Control

- Elimination
- Substitution
- Engineering
- Administrative
- Behavior
- PPE

Controls Stop work if controls are insufficient or missing

- LOTOTO
- Access Control / Barriers
- Flagging / Signage
- Equipment / Tooling
- Vehicle Safety Devices
- Process / SOP
- Blocking / Isolation
- Fire Suppression System
- Rest / Breaks
- Spotter / Signal Person
- Fire Watch / Attendant
- Lights / Signals

Other: _____

*If a control causes more of a hazard, apply for a variance

Permits / Forms Proper execution of a permit is the control, not the paper

- Hot Work
- Blue Stake
- Critical Lifting
- Confined Space
- High Wall
- Dump
- Blasting
- HDPE

Other:

Behavior Individual willingness & focus on safety

- Inspect Equipment/ Tools
- Work Place Examination
- Consequence Thinking
- Hand / Body Placement
- Pre/Post Job Housekeeping
- 3 Points of Contact
- Fit for Duty
- Communication

Other:

PPE Beyond minimum required

- Fall Protection
- Arc Flash Clothing
- Welding Gear
- Flotation Device
- Skin Protection: Bugs, Sun
- Face Shields / Goggles
- Respirator / Supplied Air
- Clothing for Weather
- Rubber Suits: Acid, Rain, Boots, etc.
- Monitor: Gas, Chemical, Radiation, etc.
- Hearing Protection: Plugs, Double
- Gloves Suitable for Job: Leather, Rubber, Kevlar etc.

Other:

Fatal Risk Hazards List the main fatal risks / hazards

Critical Controls List the main control for the hazard

Main Lockout Points/ Station/ Box

1. _____
2. _____
3. _____
4. _____
5. _____

In case of Emergency

Phone: dial **865-6600**

Radio: press the **ORANGE** button or call out "May Day, May Day, May Day"

Evacuation point: _____

- Fire extinguisher inspected & in area
- Shower / eye wash station in area

Spill Hotline: **865-SPIL (7745)**

Acknowledgement & Commitment to Safety

I am responsible for my safety & my coworkers safety.
I am obligated to stop unsafe work & I will stop unsafe work.

| Payroll # (& Contractor Company) | Initials | Payroll # (& Contractor Company) | Initials | Payroll # (& Contractor Company) | Initials |
|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Job Lead Name: _____ Payroll # _____ Date: _____ Time _____

Supervisor: _____ Contact Info: _____

