


















<b>CONTRACTOR</b>	<b>Job Risk Assessment</b>	Date:	Shift:
<b>Identify &amp; evaluate job risks, exposure, hazards &amp; potential energy, then mitigate them through the hierarchy of control.</b> Complete this form at the job site with all involved employees. If conditions change, <b>STOP</b> work & review with all involved.			
Equipment #:	Work Area:		
Job Description:			
WO #:			
<input type="checkbox"/> Routine <input type="checkbox"/> Non-Routine <input type="checkbox"/> Is there an SOP for the job?    Yes <input type="checkbox"/> No <input type="checkbox"/> Was the SOP reviewed?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Fatal Risk Management</b> <small>Circle those that apply</small>			
	Blasting		Confined Space
	Entanglement and Crushing		Hazardous Substance - Acute
	Falling Objects		Fire
	Rail Collision		Rail Impact on Person
	Vehicle Impact on Persons		Contact with Electricity
			Hazardous Substance - Chronic
			Ground Failure
			Uncontrolled release of Energy
			Drowning
			Fall from Heights
			Lifting Operations
			Vehicle Collision or Rollover
<b>Additional Hazard Identification</b> <small>Only mark those that apply</small>			
<b>Work Environment</b>		<b>Energy Sources</b>	
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 <sub>2</sub> S, CO <sub>2</sub> , air, mist etc.) <b>Other:</b> _____		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 <b>Other:</b> _____	
<b>Line of Fire</b>		<b>Personal / Behavior</b>	
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 <b>Other:</b> _____		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 <b>Other:</b> _____	

**Hierarchy of Control**

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

**Controls** Stop work if controls are insufficient or missing

- LOTOTO
- Vehicle Safety Devices
- Rest / Breaks
- Access Control / Barriers
- Process / SOP
- Spotter / Signal Person
- Flagging / Signage
- Blocking / Isolation
- Fire Watch / Attendant
- Equipment / Tooling
- Fire Suppression System
- 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
- Critical Lifting
- High Wall
- Blasting
- Blue Stake
- Confined Space
- Dump
- HDPE

**Other:**

**Behavior** Individual willingness & focus on safety

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

**Other:**

**PPE** Beyond minimum required

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

