

THERMA PRE-TASK HAZARD PLAN

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|--|---------------|---------------|---------------|-----------------|
| Project/Equipment/System Description: | | | Date: | Time: |
| Foreman: | | Phone: | | Company: |
| Building: | Floor: | Area: | Job #: | |
| Work Description: | | | | |

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|---|
| Task Specific Work Plans |
| <input type="checkbox"/> Energized Electrical Work <input type="checkbox"/> Hot work (nonelectrical) <input type="checkbox"/> Building on test (smoke/sprinkler) <input type="checkbox"/> Confined space <input type="checkbox"/> Critical lift (crane) <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Floor/wall penetrations <input type="checkbox"/> Lock-out/Tag-out procedures <input type="checkbox"/> Line breaking <input type="checkbox"/> Equipment demo work plans |
| Required PPE |
| <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety glasses <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Acid <input type="checkbox"/> Solvent <input type="checkbox"/> Kevlar/cut resistant <input type="checkbox"/> Arm sleeves Foot Protection: <input type="checkbox"/> Boots <input type="checkbox"/> Steel-toe <input type="checkbox"/> Toe covers <input type="checkbox"/> Ear plugs / ear muffs <input type="checkbox"/> Safety vest <input type="checkbox"/> Chemical-resistant suit/apron <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Additional PPE (see comments) |
| Fall Protection |
| <input type="checkbox"/> Ladder inspection completed <input type="checkbox"/> Retractable device required <input type="checkbox"/> Inspected fall protection equipment <input type="checkbox"/> Shock absorbing lanyard required <input type="checkbox"/> Horizontal lifeline system required <input type="checkbox"/> Anchorage point identified <input type="checkbox"/> Fall clearance distance adequate <input type="checkbox"/> Fall rescue/retrieval plan set up |

| Hazards | Safe Plan of Action (SPA) |
|--|--|
| Slips, Trips, Falls | <input type="checkbox"/> Inspect for trip/slip hazards <input type="checkbox"/> Area clean/clear of debris <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored <input type="checkbox"/> Electrical/emergency equipment clear |
| Hand: Cut/Bump Hazards | <input type="checkbox"/> Inspected work area for sharp edges <input type="checkbox"/> Found sharp edges and protected <input type="checkbox"/> Inspected walking paths <input type="checkbox"/> Identified hazards and marked as such |
| Interruptions to Production | <input type="checkbox"/> Area inspected to identify EMO's (electrical connections, valves, pipes, tubing, fittings, gauges, fire sprinklers smoke detection, liquid leak detection, AMHS equipment) <input type="checkbox"/> Protected, guarded or marked |
| Hand & Power Tools | <input type="checkbox"/> Reviewed safety requirements <input type="checkbox"/> Inspected condition <input type="checkbox"/> Guarding OK <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required <input type="checkbox"/> Inspected electrical cord <input type="checkbox"/> Routed cord overhead or taped/barricaded |
| Chemical Hazards | <input type="checkbox"/> Area inspected for potential chemical hazard <input type="checkbox"/> MSDS available <input type="checkbox"/> Identify PPE for highest recognized hazard (see left side) <input type="checkbox"/> Reviewed decontamination/disposal or storage procedures <input type="checkbox"/> Reviewed contingency plan and equipment is on hand |
| Hazardous Energies | <input type="checkbox"/> Lock-out/tag-out/verify <input type="checkbox"/> Confirm that equipment is de-energized <input type="checkbox"/> 1lock/1key/1 person <input type="checkbox"/> Double block & bleed <input type="checkbox"/> Mechanical, electrical, chemical, thermal, stored, radiation |
| Non-electrical Hot Work | <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire watch <input type="checkbox"/> Install weld/spark screens <input type="checkbox"/> Combustible material removed/protected <input type="checkbox"/> Adequate ventilation |
| Excavation | <input type="checkbox"/> Reviewed as-builts/locates <input type="checkbox"/> Barricades provided <input type="checkbox"/> Proper sloping/shoring <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Excavation inspected by competent person <input type="checkbox"/> Hand dig areas are clearly marked (within 3 feet of utilities) |
| USA Ticket # _____ | |
| Scaffolds | <input type="checkbox"/> Competent person inspects daily <input type="checkbox"/> Condition tags in place <input type="checkbox"/> Properly secured/wheel locks <input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate |
| Vehicular Traffic | <input type="checkbox"/> Traffic barricades <input type="checkbox"/> Cones <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure <input type="checkbox"/> Fire lane is clear |
| Crane or other Lifting Equipment | <input type="checkbox"/> Lifting/rigging equipment inspected <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Areas barricaded <input type="checkbox"/> Overhead utility clearance verified <input type="checkbox"/> Signaller assigned |
| Barricades | <input type="checkbox"/> Yellow barricade tape <input type="checkbox"/> Red barricade tape <input type="checkbox"/> Rigid barricade required/secured to floor <input type="checkbox"/> Barricade signage <input type="checkbox"/> Emergency egress pathways clearly marked <input type="checkbox"/> Travel paths barricaded/cones to protect foot traffic |
| Environmental | <input type="checkbox"/> Storm water protected <input type="checkbox"/> Hazardous waste plan <input type="checkbox"/> Ground protected from metal shavings <input type="checkbox"/> Dumpsters covered <input type="checkbox"/> Dust controls in place |
| Weather | <input type="checkbox"/> Review plans for weather including heat/wind/moisture <input type="checkbox"/> Liquids available <input type="checkbox"/> Cool-down periods <input type="checkbox"/> Sun-screen <input type="checkbox"/> Heat stress symptoms |
| Crew Congestion / Impact to Occupants | <input type="checkbox"/> Inspected areas for potential impacts to other crews/customers <input type="checkbox"/> Coordinated with adjacent work supervisor/customer |

JOB / TASK

| Major Steps of Task | Tools Required to do Job Safely | Recognized Hazard categories and additional hazards not captured on front page. | Additional safe plans for hazards |
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|---------------------------------|------------------------------------|
| Eyewash/Shower Location: | Fire Extinguisher Location: |
| Phone Location: | |

Team Member Signatures:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Foreman Signature: _____ **EHS (as needed)** _____

Instructions: 1) Conduct a walk-through of work area, inspecting for hazards. 2) Write the steps of the task. 3) Note possible hazards involved in each step as well as contingencies. 4) In the Safe Plan column, provide the corrective actions that will be taken to mitigate the hazards. 5) List tools needed to do the job, additional safety equipment, etc.

Did conditions change?

STOP the job!

Identify control measures.

Update the PTP.

Communicate!