If Permit Required, What Type Issued?

Confined space	☐	Electrical room work	☐
Hot work	☐	Crane – critical lift	☐
Energized elec. Work	☐	Ladder	☐
Elevator	☐	Ground & Wall Penetration	☐

General Checklist	Yes	No	NA
SDS reviewed for task?	☐	☐	☐
All extension cords inspected:	☐	☐	☐
Electrical hot work equipment up-to-date?	☐	☐	☐
Confined space procedure/rescue plan?	☐	☐	☐
Utility lines located above/below ground?	☐	☐	☐
All fall protection equipment inspected?	☐	☐	☐
Emergency procedure and contacts?	☐	☐	☐
Work Communicated with others in area?	☐	☐	☐

Material Handling Checklist			
Item(s) lifted more than you can handle?	☐	☐	☐
Has stretch and flex been performed?	☐	☐	☐
Are you following safe lifting procedures?	☐	☐	☐
Are the proper gloves being used?	☐	☐	☐
If pulling wire, is all equipment inspected?	☐	☐	☐
Is the area around the wire pull taped/tagged?	☐	☐	☐

Ladder Safety Checklist

What is the height of the work being performed:_____

What is the height of the ladder being used:_____

Ladder inspected and updated?	☐	☐	☐
Ladder set up on stable ground?	☐	☐	☐
Is the work area clear around the ladder?	☐	☐	☐

Lock Out/Tag Out Checklist

Is LOTO required?	☐	☐	☐
Has the system been walked down?	☐	☐	☐
Has the owner isolated system and placed lock?	☐	☐	☐
Is your lock placed?	☐	☐	☐
Has the system been test started?	☐	☐	☐
Has zero energy been verified?	☐	☐	☐

End of Task Checklist

_____All Equipment Shut Down

_____All Tools/Materials removed and properly stored

_____Work Area cleaned up

_____All LOTO Tags removed and logged in LOG

Possible Hazards *(list details on back of card)*

_____Chemical burn
_____Thermal burn
_____Particles in eye
_____Overexertion
_____Elevated work
_____Overhead work
_____Dropping materials
_____Inhalation of hazardous substances
_____Vehicle collisions
_____Cuts
_____Fire
_____Spills
_____Abrasions
_____Cave-in
_____Loud noises
_____Heat stress
_____Traffic Controls
_____Rodents/Insects Controls
_____Lifting Materials with Crane
_____Access to Work Area
_____Silica Exposure

Ways to Eliminate Hazards *(list details on back of card)*

_____Rubber gloves, face shield, flash suit
_____Chemical gear
_____Confined space training
_____Fall protection plan
_____Energize electrical work gear
_____Appropriate gloves
_____Eye/face protection
_____Enough people to complete task
_____Clean approved respirator
_____Hearing protection
_____Housekeeping
_____Electrical cords and welding leads off floor
_____Barricades with signs in place
_____Contained sparks, removed combustibles
_____Make hoses, fire extinguisher available
_____Get additional training for task
_____Correct body position for task
_____Competent person for shoring or safe slope
_____Stretch and flex
_____Competent person for scaffolding
_____Chemical containment/spill kit
_____Use a scaffold and man-lift check list
_____Communicate with our team – huddle up
_____Wet Method – Saw Cutting

DAILY JHA / PTP

Job Name/No.: _____

Company: _____

Foreman: _____

Date Started:_____ Time: _____

Date Completed:_____ Time: _____

Safety Goals

- Zero Injuries
- No disruption to facility or environment

Task Name

_____

_____

_____

Production Goal/Finish Date

_____

_____

Foreman Signature

_____

Crew Signatures

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

List steps to complete task:

Has anything **CHANGED** from the original Plan?

	Yes	No	NA
Personnel (Add or Subtract)	☐	☐	☐
Task	☐	☐	☐
Job site/Weather Conditions	☐	☐	☐
Access	☐	☐	☐

Has the entire crew been made aware of the changes including the foreman? **Yes** ☐ **No** ☐

What has changed? Include Date and Time:

List hazards associated with each step:

Do you have the **information and training** to complete the task? **Yes** ☐ **No** ☐

What information do you need?

Did your crew have any accident or injuries today?

Yes ☐ **No** ☐

If yes, contact RO Safety immediately.

Ways to eliminate or control hazards:

Do you have the **materials and safety equipment** to complete the task? **Yes** ☐ **No** ☐

What materials and safety equipment do you need?