

Confined Space Entry		
Did you review the Hazard Assessment for the space?	Y	N
Multiple Energy Source Lockout verified by all personnel performing work?	Y	N
Is the Emergency Response Team notified?	Y	N
Do you have a permit issued?	Y	N
Do the entrants and attendants understand their roles and responsibilities? (work that needs to be done)	Y	N
Does the entrant have the correct tools and equipment (including PPE, harness and tagline)?	Y	N
Cranes, Rigging, Hoists		
Are the crane/hoist inspected?	Y	N
Are lift weights known?	Y	N
Are slings and straps inspected and correct size?	Y	N
Is lift area barricaded?	Y	N
Is wind speed known? Speed: mph	Y	N
Are tag lines used to control all loads?	Y	N
Signalman designated?	Y	N

PERMITS REQUIRED	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Hotwork
<input type="checkbox"/> Class I or II Electric Tool	<input type="checkbox"/> Air Blow Down
<input type="checkbox"/> Controlled Area Entry	<input type="checkbox"/> Portable Test Equip

PPE Required	
Hardhat, safety glasses, steel toed boots are required in all operating areas at all times.	
<input type="checkbox"/> Eye / Face protection	<input type="checkbox"/> Face shield <input type="checkbox"/> Tinted face shield <input type="checkbox"/> Dust goggles <input type="checkbox"/> Chemical splash goggles
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Ear Plugs <input type="checkbox"/> Ear Muffs
<input type="checkbox"/> Gloves	<input type="checkbox"/> Leather <input type="checkbox"/> Cut resistant <input type="checkbox"/> Welders gloves <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Nitrile gloves
<input type="checkbox"/> Foot protection	<input type="checkbox"/> Chemical Boots <input type="checkbox"/> Rubber muck boots
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Dust mask <input type="checkbox"/> Cartridge respirator <input type="checkbox"/> SCBA
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Harness <input type="checkbox"/> Personal retractable lanyard <input type="checkbox"/> Suitable tie off pt <input type="checkbox"/> Adequate fall clearance (Fall restraint must be worn in scissor lifts.)

Does the work about to be conducted involve any of these **High Potential Exposures**?

- Hazardous Energy (Heat, Electrical, etc.)
- Falls from height
- Hazardous chemicals
- Remotely controlled automated equipment
- Mobile equipment (in/near operation, including autos)
- Confined Space Entry
- Ignition sources
- Hoisted loads
- Working while impaired

Industrial Insulation Supply

Pre-Job Hazard Assessment (PJHA) for Non-Routine Tasks

Name: _____

Date: _____

Area: _____

Work Order #: _____

Job/Task: _____

Instructions:

1. Conduct walk-through survey of work area with all people involved with this job/task.
2. Identify all possible hazards involved.
3. Identify steps that will be taken to prevent the hazards or injury from occurring should conditions change.
4. Each team member performing the task will sign the assessment.
5. Review the assessment after the job is complete for any improvements.

***** NO WORK IS SO
IMPORTANT OR
URGENT THAT IT
CANNOT BE
PERFORMED SAFELY!**

Work shall STOP when conditions change, the job changes, or a deficiency in the plan is discovered.

HAZARD IDENTIFICATION	
Walking / Working Surfaces - Housekeeping	
<input type="checkbox"/> Clean Surface	<input type="checkbox"/> Eyes on Path
<input type="checkbox"/> Barricades needed	<input type="checkbox"/> Use alternate route
<input type="checkbox"/> Relocate obstructions	<input type="checkbox"/> Tools organized
<input type="checkbox"/> Area clear of debris	<input type="checkbox"/> Hoses/cords out of path
Falls / Falling Objects	
<input type="checkbox"/> Less than 4 ft (1.2 m)	<input type="checkbox"/> Move work to the ground
<input type="checkbox"/> Greater than 4 ft (1.2 m)	<input type="checkbox"/> Fall restraint, guardrails
<input type="checkbox"/> Tie off, Fall arrest, SRL	<input type="checkbox"/> Ladders, scaffold, steps
<input type="checkbox"/> Secure objects/tools	<input type="checkbox"/> PPE
<input type="checkbox"/> Guarding, covers	<input type="checkbox"/> Barricading
<input type="checkbox"/> Access / Egress	<input type="checkbox"/> 3 points of control
<input type="checkbox"/> Walking area clear	<input type="checkbox"/> Use handrails on steps
Hazards from others working in vicinity	
<input type="checkbox"/> Communication	<input type="checkbox"/> Shielding
<input type="checkbox"/> Barricading	<input type="checkbox"/> Ventilation
Hazards to others working in vicinity	
<input type="checkbox"/> Communication	<input type="checkbox"/> Shielding
<input type="checkbox"/> Barricading	<input type="checkbox"/> Ventilation
Fire, Combustible Materials, Explosion	
<input type="checkbox"/> Remove materials	<input type="checkbox"/> Fire Watch
<input type="checkbox"/> Relocate work	<input type="checkbox"/> Isolation / LOTO
<input type="checkbox"/> Shields	<input type="checkbox"/> Air testing/monitoring
<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Fire ext <25 ft (7.5 m)
Weather	
<input type="checkbox"/> Ventilation/hydration	<input type="checkbox"/> Rotate/share tasks
<input type="checkbox"/> Hot/Cold weather clothes	<input type="checkbox"/> Work/Rest regiment
<input type="checkbox"/> Possible wind shift	<input type="checkbox"/> Consider stopping work
<input type="checkbox"/> Secure materials/equip	<input type="checkbox"/> Design specs reviewed
<input type="checkbox"/> Line of fire-equip & objects	<input type="checkbox"/> Equipment erection braced during construction
Lifting, Pulling, Pushing	
<input type="checkbox"/> Equipment designed for the job	<input type="checkbox"/> Prepared for unexpected movement
<input type="checkbox"/> Proper technique	<input type="checkbox"/> Move feet to turn
<input type="checkbox"/> Smaller/lighter loads	

Repetitive Motion	
<input type="checkbox"/> Proper technique	<input type="checkbox"/> Get help, take breaks
<input type="checkbox"/> Power tools vs. manual	<input type="checkbox"/> Seek advice
Rotating Equipment	
<input type="checkbox"/> Isolation, LOTO	<input type="checkbox"/> No loose clothing
<input type="checkbox"/> Guarding, barricading	<input type="checkbox"/> Positioning
<input type="checkbox"/> Line-of-fire potential	<input type="checkbox"/> Pinch points
Pinch Point / Line of Fire / Flying Material	
<input type="checkbox"/> Guarding	<input type="checkbox"/> Positioning
<input type="checkbox"/> Cover/shield source	<input type="checkbox"/> PPE, arms & body
<input type="checkbox"/> PPE, eyes & face	<input type="checkbox"/> Working position
Sharp Objects	
<input type="checkbox"/> Guarding	<input type="checkbox"/> PPE, body positioning
Chemical Exposure	
<input type="checkbox"/> Chemical Approved	<input type="checkbox"/> Barricades
<input type="checkbox"/> Exposure monitoring	<input type="checkbox"/> Vessel is empty
<input type="checkbox"/> MSDS Available/reviewed	<input type="checkbox"/> Additional PPE
<input type="checkbox"/> Container labeled	
Mobile Lifts	
<input type="checkbox"/> Area inspected	<input type="checkbox"/> Qualified operator
<input type="checkbox"/> Pinch points overhead	<input type="checkbox"/> Fall protection required
<input type="checkbox"/> Proper anchorage	<input type="checkbox"/> Barricades
<input type="checkbox"/> Equipment inspected	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Hand rails	<input type="checkbox"/> Safety Chain attached
Other:	
Electrical Shock	
<input type="checkbox"/> Isolation, LOTO	<input type="checkbox"/> GFCI
<input type="checkbox"/> Testing-right equip?	<input type="checkbox"/> Qualified?
<input type="checkbox"/> Grounding	<input type="checkbox"/> Shielding on equipment
Excavations	
<input type="checkbox"/> Underground survey	<input type="checkbox"/> Barricading
<input type="checkbox"/> Permit	<input type="checkbox"/> Proper shoring/sloping
<input type="checkbox"/> Entrant tag line	<input type="checkbox"/> Access/egress provided
Environmental Spill	
<input type="checkbox"/> Containment	<input type="checkbox"/> Spill kit
<input type="checkbox"/> Waste pan	<input type="checkbox"/> Other
Thermal Burn	
<input type="checkbox"/> Isolation, LOTO	<input type="checkbox"/> Additional PPE
<input type="checkbox"/> Splash guard	<input type="checkbox"/> Body positioning
Confined Space	
<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Air monitoring
<input type="checkbox"/> Attendant	<input type="checkbox"/> Chemical Hazard
<input type="checkbox"/> Mechanical hazard	<input type="checkbox"/> Electrical Hazard

Vehicular Traffic & Heavy Equipment		
<input type="checkbox"/> Perform inspection	<input type="checkbox"/> Adjust mirrors	
<input type="checkbox"/> Fasten seat belt	<input type="checkbox"/> Windows clear	
<input type="checkbox"/> Traffic barricades	<input type="checkbox"/> Communication	
<input type="checkbox"/> Road closure	<input type="checkbox"/> Flagman	
Power & Hand Tools		
<input type="checkbox"/> Inspect tools	<input type="checkbox"/> GFCI being used	
<input type="checkbox"/> Guarding in use	<input type="checkbox"/> Specific PPE required	
Y	N	Is a written procedure available?
Y	N	Do you have the proper tools/equipment for the job?
Y	N	Have you inspected your tools/equipment for defects?
Y	N	Have you planned an escape route? & a backup?
Y	N	Do you know the location of the emergency shower/eyewash?
Y	N	Are you wearing jewelry or loose clothing?
Y	N	Have you inspected materials for jagged edges, burs, slivers, rough or slippery surfaces?
Y	N	Is a permit required for the work being conducted?
Is Lockout/Tagout required for this job?		
If yes, follow the procedures listed below:		
1. Notify Control Room or operator in charge of the equipment to be shut down and locked out.		
2. Verify the process and equipment is shut down before de-energizing.		
3. Test "bump" the equipment to verify connection between power source and drive motor. <u>This step requires two people – one at the power source/starter and one at the drive.</u>		
4. De-energize at the power source and secure it with lock(s) & tags(s).		
5. Verify that the power is disconnected by attempting to start the equipment from the power source HOA and also from the MMI where feasible.		

Additional considerations:
