

## Potential Work Site Hazards >

<input type="checkbox"/> Dust	<input type="checkbox"/> Fumes / Vapors
<input type="checkbox"/> Chemical Hazard	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Solid <input type="checkbox"/> Toxic
<input type="checkbox"/> Excessive Noise	<input type="checkbox"/> Hand Tools <input type="checkbox"/> Power Tools
<input type="checkbox"/> Inadequate Ventilation	
<input type="checkbox"/> Inadequate Lighting	
<input type="checkbox"/> Housekeeping / Congested Areas	
<input type="checkbox"/> Grinding	<input type="checkbox"/> Welding <input type="checkbox"/> Cutting
<input type="checkbox"/> Other Workers in the Area	
<input type="checkbox"/> Hot/Cold Surfaces	
<input type="checkbox"/> Rotating/Moving Equip. & Machinery	<input type="checkbox"/> Stored Energy
<input type="checkbox"/> Process Sensitive Equipment	
<input type="checkbox"/> Sharp Objects	<input type="checkbox"/> Pinch Points <input type="checkbox"/> Cuts & Scrapes
<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> ARC Flash
<input type="checkbox"/> Flammable / Combustible in Area	
<input type="checkbox"/> Adhesives/Epoxies	<input type="checkbox"/> Lime <input type="checkbox"/> Acid <input type="checkbox"/> Oxidization/Rust
<input type="checkbox"/> Overhead Hazards (suspended loads, kiln coating, power lines)	

Other:

## Physical Hazards (Ergonomics) >

<input type="checkbox"/> Manual Lifting
<input type="checkbox"/> Awkward Load <input type="checkbox"/> Heavy Objects (>50lbs)
<input type="checkbox"/> Overexertion <input type="checkbox"/> Pushing <input type="checkbox"/> Carrying
<input type="checkbox"/> Prolonged Bending/Twisting
<input type="checkbox"/> Awkward Position <input type="checkbox"/> Body Part(s) in the Line of Fire
<input type="checkbox"/> Repetitive Motions

## Environmental (Temperature Extremes) >

Temp: ____ °F	<input type="checkbox"/> Hot	<input type="checkbox"/> Cold
<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Windy <input type="checkbox"/> Fog
Ground Conditions	<input type="checkbox"/> Water	<input type="checkbox"/> Ice <input type="checkbox"/> Muddy
<input type="checkbox"/> Work Near Open Water		

## Working At Heights (check all that apply)

- Fall Hazard Risk Assessment (FHRA) Reviewed  
 WAH Rescue Plan Reviewed  
 FHRA does not exist (Supervisor to complete FHRA)

- Workers Above  Workers Below  
 Ladder Use  Overhead Work  
 Scissor Lift  Manlift

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## Hazard Controls

<input type="checkbox"/> Dust Goggles	<input type="checkbox"/> Chemical Goggles
<input type="checkbox"/> Respirator	<input type="checkbox"/> Full Mask <input type="checkbox"/> Half Mask <input type="checkbox"/> Dust Mask
<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
<input type="checkbox"/> Air Movers	<input type="checkbox"/> Mechanical Ventilation
<input type="checkbox"/> Explosion Proof Lights	<input type="checkbox"/> Portable Lights <input type="checkbox"/> Flashlights
<input type="checkbox"/> Maintain Clear Access	<input type="checkbox"/> Proper Stacking / Storage
<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Mask
<input type="checkbox"/> Verbal Communications	<input type="checkbox"/> Barricades, Signs & Tags
<input type="checkbox"/> Fire Blankets	<input type="checkbox"/> Wristlets <input type="checkbox"/> Gauntlet Gloves
<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Guards <input type="checkbox"/> Travel Restrictions
<input type="checkbox"/> Protect with Guards	<input type="checkbox"/> Identify with Flagging & Tags
<input type="checkbox"/> Guards	<input type="checkbox"/> Wristlets <input type="checkbox"/> Cut Resistant Gloves
<input type="checkbox"/> LOTO	<input type="checkbox"/> Suspend Cords <input type="checkbox"/> GFCI Required
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Fire Retardant Coveralls
<input type="checkbox"/> MSDS Available	<input type="checkbox"/> Acid / Chemical Resistant Gloves
<input type="checkbox"/> Tyvek Coveralls	<input type="checkbox"/> Acid / Chemical Resistant Suit
<input type="checkbox"/> Remove Scale	<input type="checkbox"/> Barricade Drop Zone

Other:

## Physical Hazard Controls

<input type="checkbox"/> Mechanical Assistance	<input type="checkbox"/> Proper Lifting Techniques
<input type="checkbox"/> Rope/ Pulley	<input type="checkbox"/> Assistance from Others
<input type="checkbox"/> Secure Load	<input type="checkbox"/> Proper Body Positioning
<input type="checkbox"/> Microbreaks	<input type="checkbox"/> Stay within Physical Limitations
<input type="checkbox"/> Repositioning	
<input type="checkbox"/> Frequent Breaks	<input type="checkbox"/> Job Rotation <input type="checkbox"/> Share Workload

## Environmental Controls

<input type="checkbox"/> Work Rest Schedule	<input type="checkbox"/> Thermal Clothing/PPE
<input type="checkbox"/> Secure Loose Material	<input type="checkbox"/> Insulated Gloves <input type="checkbox"/> Rain Gear
<input type="checkbox"/> Sand	<input type="checkbox"/> Backfill <input type="checkbox"/> Drainage
<input type="checkbox"/> Personal Floatation Device (PFD)	

- 100% Fall Protection  Fall Restraint  
Anchor Point:  Scaffold/Davit Arm  Structural Steel  
 Fall Distance Calculation =  
*Length of lanyard + extension + worker's height + safety factor of 3'*  
 Man Watch (within sight or sound of worker)  
 Guard Rails  Vertical/Horizontal Lifelines  
 Overhead Protection  Signs, Barricades & Tags

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## Enclosed & Confined Space

	Yes	No
Have alternatives to entry been ruled out? <i>*If no, discuss with supervisor</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a site-specific fact sheet for entering and working in this space? <i>*If no, notify supervisor and complete prior to entry</i>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Atmosphere? (e.g. Welding, Cutting, Coal/Coke Dust, Combustion Exhaust Vehicle, ALL Gases Controlled)	<input type="checkbox"/>	<input type="checkbox"/>
Is Air Testing equipment available/calibrated? <i>*Air testing may be required each time the confined space is vacated (e.g. after lunch, breaks, beginning of shifts)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment/Entrapment Hazards? (e.g. Material Buildup, Shifting Contents, Contents Fill, Removal)	<input type="checkbox"/>	<input type="checkbox"/>
Flammability Hazard? (e.g. Explosive Gases, Flammable Materials, Hot Work, O2 Rich Environment)	<input type="checkbox"/>	<input type="checkbox"/>
Is Continuous Air Monitoring required? (Continuous Monitoring is required if a potential Hazardous Atmosphere or Flammability Hazard exist.) <i>* If yes, qualified attendant is required</i>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards? Surface Conditions, Extreme Temperatures, Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>
Configuration (Interior Shape)? Complex Layout, Structural Integrity, Inwardly Converging Walls, Compartmentalized	<input type="checkbox"/>	<input type="checkbox"/>
Task-Specific? Cleaning, Unblocking/Unplugging, Painting, Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>

*\*Separate atmospheric monitoring form must be used for all Confined Spaces Entries*

Name of Trained and Qualified Attendant's:

## Daily Permit Issued:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Note: Daily Permit Expires at the end of current shift*

## Rescue Details

*\*Entry into Enclosed and Confined Space may require Retrieval and Rescue Procedures:*

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Emergency Contact Numbers:

KATHY PORTERFIELD 918-825-1991
GARRY HARRIS 918-373-3284
JIM CALDWELL 918-373-1325
STEVE GATES 918-373-1305
SITE CONTACT

Other Hazards Identified / Measures Taken / Accident/Incident/Near Miss Details:

Blank lines for entering hazard and incident details.

Job Close-Out Comments:

Blank lines for entering job close-out comments.

Have all Known Hazards Been Controlled or Evaluated? YES NO Do Not Start Job Unless You Can Answer Yes!

Sign-in: Crew Members Signatures:

Numbered lines 1-12 for crew member signatures.

Project Close Out:

- Task completed according to work order or Supervisor's instructions
YES NO
Task Completed Safely
Task Ongoing
Permits Signed Off and Returned
Daily Inspections Signed Off and Returned
All Waste Cleaned up and Removed
Tools and Equipment Removed and Secured
Barricades, Signs and Tags Removed
Isolation Devices Removed (Locks and Tags)
Time Constraints were a Factor
Near-Miss or Incident/Accident Occurred
(Provide full details on the Accident/Incident/Near Miss Section)

Must Be Signed By Your Supervisor:

Signature line for supervisor.



Field Risk Assessment

Date: Location:

Task:

Table with 3 columns: Signifiant Risk Assessments, Yes, No. Rows include: Is this a seldom done task?, Will mobile equipment be used?, Will enclosed or confined space be entered?, Is working at heights involved?

Table with 3 columns: Risk Assessment Questions, Yes, No. Rows include: Is there any uncertainty regarding the job scope?, Does a fall hazard exist?, Is work area an Enclosed & Confined Space?, Will hot work be required?, Does equipment require a daily inspection?, Is Energy Isolation Device (LOTO) required?, Is there an increased risk of eye injury?, Is respiratory protection required?, Will you need help with any lifting requirements?, Will your body position for this task put you at risk?, Will the area housekeeping affect your safety?, Have you noted any other safety concerns?, Do physical or chemical hazards exist?

Completed by: