

WORKPLAN

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|--|---------------------------|--------------|--------------|
| Facility: | Specific Location: | Date: | Time: |
| Permits / Checklists / Forms Required: <input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Lift Plan <input type="checkbox"/> OPS 9 <input type="checkbox"/> Trenching <input type="checkbox"/> Workplace Exam | | | |
| Employees Assigned: | | | |
| Description of Work: _____ _____ _____ | | | |

Anticipated Hazards

Before beginning/resuming work, STOP, THINK, and IDENTIFY all the hazards associated with the task and in the work area (circle or check below)

| | | | | | | | | | | |
|-------------------------|----------------|-------------------|--------------------|--------------------------|--------------------|------------------|--------------------|------------------------|-------------------|-------------------|
| Struck or Caught | 1 Crushed By | 2 Suspended Load | 3 Falling Object | 4 Flying Object | 5 Comp. Gas | 6 Sharp Object | 7 Low Headroom | 8 Pressure release | 9 In Between | 10 In Machine |
| Burn | 11 Open Flame | 12 Explosion | 13 Flam. Gas | 14 Corrosive Mat. | 15 Hot Work | 16 Hot Material | 17 Electric Shock | 18 Hot Surface | 19 Cold Surface | 20 Fire Hazard |
| Health | 21 Inhalation | 22 Noise | 23 Toxic Material | 24 Harmful Light | 25 Confined Space | 26 Engulfment | 27 Snake / Insect | Manual Handling | 28 Bending Lift | 29 Reaching Lift |
| Work Environment | 30 High Temp. | 31 Low Temp. | 32 Weather | 33 Cook Up! Power Lines | 34 Wind | Traffic | 35 Truck / Car | 36 Mixer | 37 Mobile Equip. | 38 Pedestrian |
| Fall | 39 Stairs | 40 Ladder | 41 Open Edge | 42 Slip | 43 Trip | 44 Into Water | Tools | 45 Hand Tool | 46 Power Tool | 47 Safety Knife |

Job Steps and Hazard Recognition (Identify, Evaluate, and Control)

| # | Specific Hazards Identified | Hazards Controlled By |
|---|-----------------------------|-----------------------|
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Serious Injury and Fatality (SIF) Exposure Assessment

YES **NO**

For the tasks and hazards identified above, do any of them have SIF exposure? (SIF Exposures & Critical Controls are listed on back of the sheet) If yes, complete the back of this document to ensure all critical controls are identified, understood, and controlled.

Does the work crew understand the severity of the SIF risk?

Are all necessary SIF critical controls available and ready for use?

STOP WORK is an obligation and expectation. Is the crew willing to STOP WORK if an SIF critical control is missing?

Tools, Equipment, PPE (check if required)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Lifelines | <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Two-Way Radio |
| <input type="checkbox"/> Safety Glasses/Goggles / Faceshield | <input type="checkbox"/> Extension Cords w/GFCI | <input type="checkbox"/> Tag Lines | <input type="checkbox"/> Protective Gloves | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Blocking Material | <input type="checkbox"/> Rigging Equipment | <input type="checkbox"/> Arc Flash Gear |
| <input type="checkbox"/> Anchorage Point (beam straps) | <input type="checkbox"/> Welding Curtain | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Locks/Tags | <input type="checkbox"/> Lighting |

Are all hazards understood, controlled, proper tools, equipment and PPE attained, and everyone has the proper skills, training, knowledge, and time for the task?

- Yes, proceed
 No, do not proceed until corrected

Signature of Person in Charge: _____

Signature(s) of Employee's Assigned: _____

WORKPLAN (cont)

Serious Injury and Fatality (SIF) Pre-Task Critical Controls Validation

| Y | N/A | ENERGY ISOLATION CRITICAL CONTROLS |
|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical energy sources are properly identified and locked and tagged out. |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment adjacent to, directly above or below and equipment feeding or discharging from the equipment to be worked on is locked and tagged. EQUIPMENT INTERLOCKS WERE FACTORED INTO THE LOCKOUT/TAGOUT. |
| <input type="checkbox"/> | <input type="checkbox"/> | Verification is performed that the proper equipment is locked out. |
| <input type="checkbox"/> | <input type="checkbox"/> | Arc flash protective equipment and procedures are understood and being followed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Stored pressure is bled off, drained, blanketed and/or isolated for lines carrying pressurized material. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to performing maintenance on a piece of stationary or mobile equipment, all components are secured from movement or activation. |
| Y | N/A | WORKING AT HEIGHTS CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall prevention (harness, positioning devices, anchor points, arrest systems) is inspected for wear and tear before use. |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding and elevated platforms are equipped with guardrails and toe-boards. |
| <input type="checkbox"/> | <input type="checkbox"/> | Surface openings are barricaded, covered, or guarded. Caution tape is not a substitute for barricades. Exclusion zone is established beneath the work area. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders are set on a firm base, correctly angled (4/1 ratio) and tied off. |
| <input type="checkbox"/> | <input type="checkbox"/> | 100% tie off is used with full-body harness. |
| <input type="checkbox"/> | <input type="checkbox"/> | Anchor points are strong enough (5000 pounds per person) |
| <input type="checkbox"/> | <input type="checkbox"/> | Anchor points are high enough so that a fall will clear any obstructions. |
| <input type="checkbox"/> | <input type="checkbox"/> | A plan is in place to quickly rescue fallen or suspended employee(s).* |
| <u>*DESCRIBE FALL RESCUE PLAN/METHODS</u> | | |
| Y | N/A | CONFINED SPACE CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | A "Confined Space Entry Permit" was fully completed and the entry supervisor had signed the permit certifying the space is safe for work prior to anyone entering the Permit Required Confined Space (PRCS). |
| Y | N/A | TRENCHING / EXCAVATIONS CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | A competent person assessed the soil, inspected the excavation, and engaged engineering and safety and health professionals as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | A trenching checklist was completed and the competent person certified the trench is safe for work prior to anyone entering the trench. |
| Y | N/A | LIFTING / RIGGING CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | Only qualified or certified crane operators, riggers and signalmen with the required experience for the lift are used. |
| <input type="checkbox"/> | <input type="checkbox"/> | All lifting devices and cranes are inspected prior to use. |
| <input type="checkbox"/> | <input type="checkbox"/> | A lift plan was conducted if: the lift exceeds 75% of the rated capacity at the configuration used, the lift requires the use of more than one crane, the lifting of personnel in a platform or basket, or any lift that presents special hazards or circumstances. |
| <input type="checkbox"/> | <input type="checkbox"/> | The weight of the load to be lifted was determined before selecting rigging equipment and rigging hardware.** |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-conductive tag lines are used to guide loads. |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper clearance, to include crane's full extension radius, is maintained when working near overhead power lines. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pick-up, lay-down and crane operating areas are barricaded and secure. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is proper space, ground conditions and outrigger deployment for mobile crane operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | No one climbs on or walks under suspended loads |
| <u>**LIST ITEMS AND WEIGHTS:</u> | | |
| | | ITEM: _____ WEIGHT: _____ |
| | | ITEM: _____ WEIGHT: _____ |
| | | ITEM: _____ WEIGHT: _____ |
| Y | N/A | HOT WORK CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, a "Hot Work Permit" was fully completed prior to anyone starting hot work. |
| <input type="checkbox"/> | <input type="checkbox"/> | Procedures for "Welding and Cutting on Tanks and Piping that Contain or Have Previously Held Flammable or Combustible Substances" is followed. |
| Y | N/A | ELECTRICAL CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | Only qualified electrical persons work on electrical systems. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicable arc-flash and PPE is worn by everyone involved in interactions with exposed energized parts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical equipment is properly De-energized/isolated, locked and tagged, tested, and grounded (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | Flagging, warning cones, and a spotter are used when working near overhead power lines. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to performing underground work, utility providers are contacted to locate underground lines. |
| <input type="checkbox"/> | <input type="checkbox"/> | Grounding, bonding and transfer rate procedures are followed to prevent static accumulation and discharge during flammable material transfer operations. |
| Y | N/A | WORKING IN / AROUND WATER CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment is kept a safe distance back from the water's edge. |
| <input type="checkbox"/> | <input type="checkbox"/> | Handrails are provided around docks and work boats. |
| <input type="checkbox"/> | <input type="checkbox"/> | Roadways are properly bermed near water hazards. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coast Guard approved Type I or Type V personal flotation device (PFD) are worn when working around water. |
| Y | N/A | OPERATION OF EQUIPMENT CRITICAL CONTROLS |
| <input type="checkbox"/> | <input type="checkbox"/> | Signage, caution lights, traffic cones, barricades or flaggers are used to control traffic in uncontrolled work areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment horns of equipment working in the area are sounded prior to moving equipment to warn others of movement. |