



**ASSESSMENT**

YES NO NA

- 1. JOB SCOPE UNDERSTOOD? [ ] [ ] [ ]
2. TOOL BOX TALK [ ] [ ] [ ]
3. PERMIT(S) ISSUED? WHAT TYPE? [ ] [ ] [ ]
4. PRE JOB WALKTHROUGH/INSPECTED? [ ] [ ] [ ]
5. BARRACDE USE? TYPE: [ ] [ ] [ ]
6. FALL PROTECTION & COMPONENTS INSPECTED? [ ] [ ] [ ]
7. WET METHOD USED TO CONTROL SILICA DUST? [ ] [ ] [ ]
8. SAFETY OBSERVATIONS OR NEAR MISS? [ ] [ ] [ ]

**I'm Fit for Duty**

PRINT NAME LEGIBLY INITIAL

- 1. [ ] / [ ] [ ] YES [ ] NO
2. [ ] / [ ] [ ] YES [ ] NO
3. [ ] / [ ] [ ] YES [ ] NO
4. [ ] / [ ] [ ] YES [ ] NO
5. [ ] / [ ] [ ] YES [ ] NO
6. [ ] / [ ] [ ] YES [ ] NO
7. [ ] / [ ] [ ] YES [ ] NO
8. [ ] / [ ] [ ] YES [ ] NO
9. [ ] / [ ] [ ] YES [ ] NO
10. [ ] / [ ] [ ] YES [ ] NO
11. [ ] / [ ] [ ] YES [ ] NO
12. [ ] / [ ] [ ] YES [ ] NO
13. [ ] / [ ] [ ] YES [ ] NO
14. [ ] / [ ] [ ] YES [ ] NO
15. [ ] / [ ] [ ] YES [ ] NO
16. [ ] / [ ] [ ] YES [ ] NO
17. [ ] / [ ] [ ] YES [ ] NO

Work Start Time: [ ]

**JHA SUPERVISOR PERIODIC REVIEW:**

TIME [ ] / [ ] / [ ]

SUPERVISOR SIGNATURE: [ ]

**COMPLETION REVIEW**

YES NO NA

- 1. WORK AREA CLEANED UP? [ ] [ ] [ ]
2. ALL LO/TO RELEASED AND SIGNED OFF? [ ] [ ] [ ]
3. OPEN HOLES PROPERLY COVERED? [ ] [ ] [ ]
4. PERMIT(S) TURNED IN/COPIES MADE? [ ] [ ] [ ]
5. JOB STATUS COMMUNICATED? [ ] [ ] [ ]
6. OTHER: [ ] [ ] [ ]
7. Employee(s) involved in any of the following today:
Safety Violation YES NO YES NO
Near Miss YES NO See.Say.Stop YES NO

Description: [ ]

**Involved in: Injury, Incident, Property Damage**

(If yes, complete appropriate form)

PRINT NAME LEGIBLY INITIAL

- 1. [ ] / [ ] [ ] YES [ ] NO
2. [ ] / [ ] [ ] YES [ ] NO
3. [ ] / [ ] [ ] YES [ ] NO
4. [ ] / [ ] [ ] YES [ ] NO
5. [ ] / [ ] [ ] YES [ ] NO
6. [ ] / [ ] [ ] YES [ ] NO
7. [ ] / [ ] [ ] YES [ ] NO
8. [ ] / [ ] [ ] YES [ ] NO
9. [ ] / [ ] [ ] YES [ ] NO
10. [ ] / [ ] [ ] YES [ ] NO
11. [ ] / [ ] [ ] YES [ ] NO
12. [ ] / [ ] [ ] YES [ ] NO
13. [ ] / [ ] [ ] YES [ ] NO
14. [ ] / [ ] [ ] YES [ ] NO
15. [ ] / [ ] [ ] YES [ ] NO
16. [ ] / [ ] [ ] YES [ ] NO
17. [ ] / [ ] [ ] YES [ ] NO

Work End Time: [ ] NUMBER OF NEAR MISSES [ ]

SUPERVISOR SIGNATURE: [ ]



**PRE-JOB HAZARD ASSESSMENT**

(PJHA) rev. 1/2023

SUPERVISOR: [ ] CUSTOMER [ ]
DATE: [ ] TIME: [ ] SEE.SAY.STOP [ ]

LOCATION IN PLANT: [ ]

JOB DESCRIPTION: [ ]

NUMBER OF EMPLOYEES: [ ] EMERGENCY # [ ]

WEATHER CONDITIONS: [ ] TEMP: [ ]

- 1. REVIEWED EMERGENCY ALARMS [ ] YES [ ] NO
2. REVIEWED ESCAPE ROUTE(S) [ ] YES [ ] NO
STORM SHELTER LOCATION / EVACUATION POINTS [ ]

3. EYEWASH/SHOWER LOCATION [ ]

4. FIRST AID LOCATION: [ ]

5. FIRE EXTINGUISHER NEEDED/INSPECTED? [ ] YES [ ] NO
LOCATION: [ ]

6. CHEMICALS (SDS) (Hexane, SO2, Chlorine etc) [ ] YES [ ] NO
CHEMICAL NAME & HAZARD(S) (Refer to SDS) [ ]

**CRANE / RIGGING**

CRANE USE: [ ] YES [ ] NO GROUND CONDITION SAFE? [ ] YES [ ] NO
WEIGHT LIFTED: [ ] CRANE CAPACITY: [ ]
RIGGING CAPACITY: [ ] WIND SPEED: [ ]
ELECTRICAL HAZARD? [ ] YES [ ] NO - CONTROL METHOD: [ ]

**CRANE OPERATOR HAS ULTIMATE AUTHORITY OVER LIFT
GENERAL RIGGING (CRANE & NON CRANE)**

**NEVER HOOK CHAIN BACK TO ITSELF UNLESS DESIGNED TO**

COMPETENT PERSON: [ ]
LOAD WEIGHT: [ ] RIGGING INSPECTED? [ ] YES [ ] NO
RIGGING EQUIPMENT: [ ]

RIGGING PLAN: [ ]