

## Task Hazard Analysis

**JOB/TASK** Aerial Work

**DATE** 5/20/13

**Work Area** Site Wide Operation

**Permits(s) Required and attached**  **YES**  **NO**

Major Steps of Task:	Recognized/Unanticipated Hazards:	Safe Plan:	Tools Required to do the job safely:
Prior to initiation of task -Inspect man lift upon delivery for damage, certifications (if required), and general appearance. -Verify inspection certifications are current. -Verify operators of man lift have received proper training. -Verify that man lift being used is rated for distance/angle planned.	Heavy equipment and crews working in same area, wind, overhead hazards, uneven surfaces, holes, unconsolidated soils, hydraulic leaks, damaged boom, limited ability for visual observation by operator, slippery surfaces, fall hazards, falling materials, clearances from structure being worked on (i.e. unanticipated structure collapse vs. man lift positioning), eye hazards, exposure to non-CWC personnel.	-What is the task? -What could go Wrong? -What could be done to make it safer? -What have we done to communicate the hazard?	-Safety briefings prior to the start of work in the morning -Behavior Based Safety (BBS) -Competent Person -Plan of the day -SMS 007NA Aerial Lifts -SMS 007-1NA Aerial Lift Training Certification -SMS 007-2NA Aerial Lift Inspection Sheet
Preparations of area for Man lift and task review.	-Inspect for overhead hazards / Power lines. -Is area suitable for Man lift (i.e. compacted soils, asphalt/concrete in good condition, no fractures indicating soft or moist soils beneath. -Wind speed -Limited work space -Open excavations/trenches -Pinch points Heat Stress	-Walk area where man lift is to set-up. If soil, check for soft spots with geoprobe. Inspect asphalt/concrete for fractures and soft spots. -Determine if wind speed is within safe operating conditions. See SMS 007 -Hazard/Warning signs posted -Safe working distance from overhead/electrical hazards be maintained. -Operator/laborer understands the task sequencing and the hazards inherent with the task.	-Hard Hat, safety glasses, leather gloves, high visibility vest or shirt, leather over the ankle work boots. -Leather welding jacket for torch cutting. -Spotter -Harness and lanyard for fall protection -Suitable fall protection tie off point exists in man lift.
Operations of Man lift and torch cutting/dismantlement form Man lift.	-Overhead Work. -Safe distance maintained from power lines? -Crushing or sudden release of energy from Man lift boom. -Uneven surfaces -Open excavations/trenches -Wind -Electrocution -Pinch points - Falls	-Maintain safe distance from electrical lines. -Maintain eye contact with spotter/s -Communication between operator/s and spotter/s. -Operator/s and ground personnel are positioned and informed of what item is to be torch cut/dismantled.	Hard Hat, safety glasses, leather gloves, high visibility vest or shirt, leather over the ankle work boots. -Leather welding jacket for torch cutting. -SMS 034 Utility Clearances and Isolation -Spotter

Adjacent Work/Processes and/or co-occupancy  Yes  No  Other workers adjacent, above, below  
 Notified them of our presence  Coordinated with adjacent work supervisor/customer operator  Can work safely

**TEAM MEMBERS SIGNATURES**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The signature of the Supervisor certifies the completion of the Hazard Assessment and Safe Plan of Action by the crew.

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Instructions: 1. Write the name of the job or task in the space provided. 2. Conduct a walk-through survey of work area. 3. Write the steps of the task in a safe sequence. 4. List all possible hazards involved in each step as well as reaction to failure. 5. In the Safe Plan column, provide the corrective actions that will be taken to keep the hazard from becoming an accident or injury. 6. In Tools column list tools needed to do the job, additional safety equipment, etc. 7. Have each team member that helped develop and will use this STA sign in the spaces provided at the bottom. 8. Review the STA at the end of the task for improvements. **(NOTE: THE WORK SHALL STOP IF CONDITIONS CHANGE, JOB CHANGES, OR DEFICIENCY IN PLAN IS NOTED.)**

**Review checklist on page 3**

### Safe Plan of Action Checklist (Check the items that apply)

Permits/Clearances	Hazards	Safe Plan	
<input type="checkbox"/> Utility Clearance Obtained		<input type="checkbox"/> Power de-energization required	<input type="checkbox"/> Insulation blankets required <input type="checkbox"/> Wire watcher required
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Required clearance distance = _____	<input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Critical Lift		<input type="checkbox"/> Signalman assigned <input type="checkbox"/> Tag lines in use	<input type="checkbox"/> Area around crane barricaded
<input type="checkbox"/> Hoisting & Rigging Safety Review	<input type="checkbox"/> Crane or other Lifting Equipment	<input type="checkbox"/> Lifting equipment inspected	<input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Boom Assembly and Breakdown		<input type="checkbox"/> Reviewed as-built	<input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received dig permit
<input type="checkbox"/> Boom Proximity	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Required clearance distance = _____ ft.	<input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Concrete Structure Penetration		<input type="checkbox"/> Lock Out/Tag Out/Try Out?	<input type="checkbox"/> Permit required <input type="checkbox"/> Confirm that equipment is de-energized
<input type="checkbox"/> Soil Excavation	<input type="checkbox"/> Electrical	<input type="checkbox"/> Reviewed electrical safety procedures	<input type="checkbox"/> Additional info below
<input type="checkbox"/> Pneumatic Test		<input type="checkbox"/> Permits <input type="checkbox"/> Inspected prior to entering	<input type="checkbox"/> Proper sloping/shoring
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Excavations	<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided	<input type="checkbox"/> Protection from accumulated water
<input type="checkbox"/> Scaffolding Erection Plan		<input type="checkbox"/> Permit <input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Fire watch <input type="checkbox"/> Adjacent area protected
<input type="checkbox"/> Steel Erection/Decking/Flooring/ Grating Checklist	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Unnecessary flammable material removed	<input type="checkbox"/> Additional info below
<input type="checkbox"/> Request for Shutdown		<input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs	<input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure
<input type="checkbox"/> Electrically Hazardous Work	<input type="checkbox"/> Vehicular Traffic or Heavy Equipment	<input type="checkbox"/> Communication with equipment operator	<input type="checkbox"/> Additional information below
<input type="checkbox"/> Radiation Work Permit for Visitors		<input type="checkbox"/> Noise > 85 dB	<input type="checkbox"/> Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs
<b>Required PPE</b>			<input type="checkbox"/> Both <input type="checkbox"/> Additional info below
<input checked="" type="checkbox"/> Hard Hat		<input type="checkbox"/> Hand & Power Tools:	<input type="checkbox"/> Inspect general condition <input type="checkbox"/> GFCI in use
<input type="checkbox"/> Ear Plugs/Ear Muffs	<input type="checkbox"/> Hand Hazards	<input checked="" type="checkbox"/> Reviewed safety requirements in operators manual(s)	<input type="checkbox"/> Identified PEP required for each tool
<b>Eye Protection</b>		<input type="checkbox"/> List sharp tools, material, equipment	<input type="checkbox"/> Guarding OK <input type="checkbox"/> Additional info below
<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Hand Hazards	<input checked="" type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary	<input type="checkbox"/> Additional info below
<input type="checkbox"/> Face Shield		<input type="checkbox"/> Reviewed proper lifting tech.	<input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts	<input type="checkbox"/> Additional information below
<input type="checkbox"/> Welding Hood		<input type="checkbox"/> Inspect general condition before use	<input type="checkbox"/> Ladder inspected within last quarter
<b>Hand Protection</b>		<input type="checkbox"/> Ladder tied off <input type="checkbox"/> Proper angle and placement	<input type="checkbox"/> Reviewed ladder safety
<input checked="" type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Inspect general condition before use	<input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured
<input type="checkbox"/> Welders Gloves	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate	<input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Nitrile Gloves	<input checked="" type="checkbox"/> Slips, Trips, Falls	<input checked="" type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked	<input checked="" type="checkbox"/> Tools & material properly stored
<input type="checkbox"/> Surgical Gloves		<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris	<input type="checkbox"/> Additional information below
<input type="checkbox"/> Rubber Gloves	<input checked="" type="checkbox"/> Pinch Points	List potential pinch points: Tractor and objects	
<input type="checkbox"/> Electrical Insulated Gloves		<input checked="" type="checkbox"/> Working near operating equipment <input checked="" type="checkbox"/> Hand/Body positioning	<input type="checkbox"/> Additional information below
<input type="checkbox"/> Arm Sleeves	<input type="checkbox"/> Working w/Chemicals	<input type="checkbox"/> The task creates potential for direct contact with hazardous chemicals.	<input type="checkbox"/> Have proper containers and labels
<b>Foot Protection</b>		<input type="checkbox"/> Reviewed MSDS hazards and precautions	
<input checked="" type="checkbox"/> Safety Toe Boots		<input type="checkbox"/> Have identified proper PPE (respirators, clothing, gloves, etc.)	
<input type="checkbox"/> Rubber Boots	<input checked="" type="checkbox"/> Heat Stress Potential	<input checked="" type="checkbox"/> Heat stress monitoring (>85° F; 29.4° C) <input checked="" type="checkbox"/> Liquids available	<input checked="" type="checkbox"/> Cool down periods
<input type="checkbox"/> Rubber Boot Covers		<input checked="" type="checkbox"/> Sun Screen <input checked="" type="checkbox"/> Reviewed Heat Stress symptoms	<input type="checkbox"/> Additional info below
<input type="checkbox"/> Dielectric Footwear	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Proper clothing (i.e., gloves, coat, coveralls)	<input type="checkbox"/> Wind chill (<32° F; 0° C)
<b>Respiratory Protection</b>		<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods	<input type="checkbox"/> Additional information below
<input type="checkbox"/> Dust Mask (NIOSH)	<input type="checkbox"/> Environmental	<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge	<input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<input type="checkbox"/> Air Purifying Respirator		<input type="checkbox"/> Pollution prevention	<input type="checkbox"/> Waste minimization
<input type="checkbox"/> Supplied Air Respirator	<input checked="" type="checkbox"/> Natural or Site Hazards	<input checked="" type="checkbox"/> Weather <input checked="" type="checkbox"/> Terrain	<input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
<input type="checkbox"/> SCBA		<input type="checkbox"/> Animals/reptiles/insects hazards	
<input type="checkbox"/> Emergency Escape Respirator	<input checked="" type="checkbox"/> Overhead Work	<input checked="" type="checkbox"/> Caution barricade tape required	<input type="checkbox"/> Danger barricade tape required
<b>Special Clothing</b>		<input type="checkbox"/> Rigid railing required <input type="checkbox"/> Covers over opening	<input type="checkbox"/> Warning signs required
<input type="checkbox"/> Tyvek®		<b>Additional Information</b>	
<input type="checkbox"/> Poly Coated Tyvek®			
<input type="checkbox"/> NOMEX®			
<input type="checkbox"/> Rain Suit			
<b>Fall Protection</b>			
<input checked="" type="checkbox"/> Harness			
<input type="checkbox"/> Double Lanyard Required			
<input checked="" type="checkbox"/> Anchorage Point Available			