

***CHESM – Pre-Job Safety Checklist*Join Operations – Standardized SHEERS Process**

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Pre-Job Safety Checklist

This checklist is used to review specific details pertinent to the job scope relative to contractor safety after the contractor has been selected. The review is to be conducted within a week or two of beginning work. This checklist may also be used for reviewing specific details for major jobs by existing contractors to ensure discussion of details pertinent to the job scope.

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| --- | --- |
| General Information | |
| Plant/location: | |
| Project description: | |
| Contract/P.O. number: | |
| Contractor firm names (include sub-contractors): | |
| Contract firm’s local business address: | Telephone number:  Email:  Alternate contact method: |
| **Superintendent/Leader’s**  **Name:**  **Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  What is the “work history” of the project/job superintendent (previous safety history)? | **Foreman’s**  **Name:**  **Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contractor’s EHS representative:**  **Name:**  **Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Full time**  **Part time**  **As needed** |
| Project start date: | Expected duration: |
| Project manager | Project contact |
| Pre-job safety review facilitator | Date of this review: |

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| Attendees | | |
| Name | Title | Company |
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| Leadership | | |
|  | Review project organization project leader, maintenance, and construction personnel, contract administrator, etc. | Yes |
|  | Review safety expectations for each level involved in project, as well as the overall project:   * Contractor, project leader, plant personnel, etc. * Project safety goals * Project/turnaround incentives (if applicable) | Yes |
|  | Review process for approval of scope changes after project is in progress.  How will safety be ensured as job scope changes or jobs added? | Yes No N/A |
|  | Restricted areas within plant identified for the workers involved? | Yes No N/A |
|  | Have contractor review progressive discipline policy for safety violations. | Yes No N/A |
|  | Existing site safety performance and expectations for positive contribution. | Yes No N/A |
| Facility Planning | | |
|  | Ensure everyone familiar with selected work schedule: five work days/week of eight-hour/day, four work days/week of ten hour/day, 12 hour shifts, etc. | Yes No |
|  | Gate/entrance assignment | Yes No N/A |
|  | Parking facilities | Yes No N/A |
|  | Transportation of workers to work site:   * Seatbelts * Speed limits * Pedestrian travel * Personal vehicle/motorcycles allowed? | Yes No N/A |
|  | Facility needs determined and plans in place to provide:   * Office space * Restroom/wash room/change room * Lunch room * Drinking water * Telephones * Contractor computer setup - \_\_\_\_\_\_\_\_ Intranet and email * Service shops notified and ready for additional work load (general repair shop, machine shop, sandblast booth, etc.) * Fabrication area | Yes No N/A |
|  | If a contractor supplies any portable temporary buildings, the contractor understands responsibility for:   * Obtaining Fire Marshall approval or waivers * Posting a copy of the certificate or letter of waiver on the doorway * Providing building identification * Using an inspection checklist (if on site one month or more)   If occupied:   * Exit signs * Stairways and landing platforms * Location/placement reviewed per API RP752 or applicable siting criteria | Yes No N/A |
|  | If a temporary hand wash or other sanitary stations required, are they drained to a sanitary sewer (not storm water outfall)? | Yes No N/A |
|  | Plans in place for potential adverse weather conditions (heat stress, freeze precautions, etc.)? | Yes No N/A |
|  | Additional lighting for night work available? | Yes No N/A |
| Objective and Targets | | |
|  | Contractor Safety Activity Plan | Yes No N/A |
|  | Method for periodic review discussed and schedule set | Yes No N/A |
|  | Expectation established to use the Safety Activity Plan in the project evaluation at closure | Yes No |
| Teams | | |
|  | Expectation to participate in site teams to include:   * Firm owners’ improvement * Safety specialist communication * Work-group specific * Functional leveraged * Special emphasis | Yes No |
|  | List of specific teams: |  |
| Measurements | | |
|  | Expected pro-active measures reviewed to include:   * Compliance to corrective actions * Observed behavior/interventions * Hazard recognition scores * Quality * Schedule * Other (specified): | Yes No N/A |
|  | Expected injury performance – “zero”? | Yes No N/A |
|  | Criteria for continued selection:   * Safety performance statistics: recordables, days away from work, etc. * Observed behavior * Participation | Yes No N/A |
| Work Process | | |
| Investigation | | |
|  | Expected incident notification | Yes No N/A |
|  | Expected type of incidents to be investigated include:   * Recordable cases * Potential serious incident * Observed unacceptable behavior * First aid/minor injuries | Yes No N/A |
|  | Review method of investigation (cause and effect, ABC, why tree, five whys) | Yes No N/A |
|  | Expected participation by       and contract firm | Yes No N/A |
|  | Report distribution process | Yes No N/A |
| Corrective Action/Preventive Action | | |
|  | Method to track corrective actions to completion? | Yes No N/A |
|  | Reporting and validation? | Yes No N/A |
| Shared Learnings | | |
|  | Expectation to share learnings across site and functional specialty? | Yes No N/A |
|  | sponsor to distribute learnings | Yes No N/A |
| Pre-Task Hazard Identification | | |
|  | Review requirements for evaluating and documenting job hazards | Yes No N/A |
|  | Training process to include leadership and individuals? | Yes No N/A |
|  | Scoring process to evaluate the quality of hazard recognition? | Yes No N/A |
|  | Reporting/measurements as to effectiveness of hazard recognition? | Yes No N/A |
| Safety Suggestions and Feedback | | |
|  | Method to make a suggestion (form and contact) | Yes No N/A |
|  | Resolution process? | Yes No N/A |
|  | Feedback method? | Yes No N/A |
| Behavior Observation Intervention | | |
|  | Are behavior observations scheduled during the project?  Review process for providing feedback to persons involved?  Contractor plan to track and communicate to | Yes No N/A |
|  | Selected observers both       and contract? | Yes No N/A |
|  | Data collection and feedback method to share results? | Yes No N/A |
|  | Method to address what has been observed proactively? | Yes No N/A |
| Short-Service Employees (SSEs) | | |
|  | If a large number of employees are new to craft or the site does contractor have plans in place to pair new employees with experienced ones? | Yes No N/A |
|  | Method to identify the SSE? | Yes No N/A |
|  | Mentor is assigned to the SSE? | Yes No N/A |
| Training/Indoctrinations | | |
|  | How many additional people are expected for this project? | Yes No N/A |
| Of these, how many are new to the plant? | Yes No N/A |
| Of these, how many are new to the site? | Yes No N/A |
|  | Are plans in place to bring these employees in early for the site and plant indoctrination training?  Review indoctrination schedule | Yes No N/A |
|  | Hazard identification (JSA or equivalent)? | Yes No N/A |
|  | Method to validate training/certification by individual to include:   * Basic Plus/refresher * site specific * Task specific requirements | Yes No N/A |
|  | The following orientation information will be reviewed with contractors before the start of work:   * Site/maintenance/responsible care standards, procedures, rules * Contractor recognition and consequence program * Injury/illness and spills reporting * Hazard recognition * Emergency response procedures * Hazard communication overview * Threats of violence policy * Motor vehicle policy – seat belts and no riding in truck beds * Chemicals on site – MSDS * Pre-task analysis * BBS observation * Safety suggestions program, near-miss program * Waste identification, collection, and disposal – cardboard and scrap * Smoking policy * Security awareness * Other (site specific) | Yes No N/A |
|  | Qualification needs not included in individual sections identified (leak repair, divers, etc.)? | Yes No N/A |
|  | Additional training to be verified as applicable to the work being performed:   * safe work permit procedure * lock-out/tag-out procedure * confined space entry procedure * driver module * scaffolding procedure * Electrical safety-related work practices * Trenching and excavation policy * Hydroblasting and power washing standard * Elevated work * Steel erection standard * Equipment specific – maintenance L6 document | Yes No N/A |
|  | The following unit specific information will also be provided before the start of work:   * Guest-in-the-house program * Building sign-in procedures * Emergency response procedures – unit-specific - local fire/evacuation alarms, pull stations, and evacuation plan * Location and use of safety showers and eye wash stations * Hazard communication – unit-specific chemicals   **Note:** Compliance is achieved by a safe work permit | Yes No N/A |
|  | Safety Personnel qualifications/training:  Does the safety representative have all applicable safety council training for the work being performed?  If no, when will this training occur? | Yes No N/A |
| Communication | | |
|  | Contractor has identified all sub-contractors to be used and plans are in place to ensure communication of safety requirements to the subs?  List of sub-contractors attached? | Yes No N/A  Yes No N/A |
|  | Project paperwork/report needs defined and communicated? | Yes No N/A |
|  | Has a kickoff safety meeting been scheduled?  When:       Location:  Review agenda, presenters, required attendance, etc. | Yes No N/A |
|  | Have frequencies and attendance been established for group safety meetings (to include ALL individuals involved in project)?  Daily  Weekly  Other (specify) | Yes No N/A |
|  | Review process for shutting down unsafe jobs. Communication when this occurs. | Yes No N/A |
| Procedures | | |
| Emergency Response/Accountability | | |
|  | Review emergency phone number(s) | Yes No N/A |
|  | Are existing emergency procedures adequate for project conditions and additional personnel load? Consider possibly:   * Additional assembly points needed, etc. * Spills, fires, freeze, etc. | Yes No N/A |
|  | Are available safety showers and eye wash facilities sufficient? Location? | Yes No N/A |
|  | Process in place for accounting for personnel in emergency? | Yes No N/A |
| Injury/Illness | | |
|  | Review incident reporting/communication requirements | Yes No N/A |
|  | Determine medical facility for treating | Yes No N/A |
|  | Preferred outside medical facility | Yes No N/A |
|  | Review use of       medical facility (if onsite) | Yes No N/A |
|  | Review contractor process for treating minor injuries | Yes No N/A |
|  | If first aid to be administered on site by contract personnel:   * Determine the persons trained in first aid and applicable regulations * Review disposal of medical waste | Yes No N/A |
|  | Review investigation requirements | Yes No N/A |
|  | Review case management practice | Yes No N/A |
|  | Work hour collection | Yes No N/A |
| Project Inspection/Housekeeping | | |
|  | Expectations for housekeeping | Yes No N/A |
|  | Job-site inspected by contractor/persons responsible for safe job completion? | Yes No N/A |
|  | Additional trash containers brought in and properly labeled? | Yes No N/A |
|  | Review waste disposal plan:   * Disposal plans in place for other wastes? * Plant has adequate waste containers available? * Contact for waste issues * Containers must be properly closed, sealed, labeled, and moved to waste storage area | Yes No N/A |
|  | Minimum housekeeping requirements established and communicated?   * Hoses, rolled, if not in use, cords, etc. out of traffic lanes? * Barricade tape maintained while job in progress but removed as job completed? * Nails, etc., bent or removed from boards? | Yes No N/A |
|  | Time allowed for housekeeping? | Yes No N/A |
|  | Areas of possible congestion identified and plan to minimize? | Yes No N/A |
|  | Plans to minimize tripping hazards across walkways/aisles/ladders? | Yes No N/A |
| Management of Change (MOC) | | |
|  | MOC documentation completed for all jobs which will result in changes? | Yes No N/A |
|  | Method to communicate to all affected individuals? | Yes No N/A |
|  | Method to document changes that have been implemented? | Yes No N/A |
| Medical Surveillance | | |
|  | Are their chemicals involved that will require individuals to be in a medical surveillance program?  List: | Yes No N/A |
|  | Who will coordinate the physicals and monitoring? | Yes No N/A |
|  | Where will documentation be kept? | Yes No N/A |
| Standards/Rules | | |
| General | | |
|  | Prime contractor provided with a copy of the contractor administrative safety manual? | Yes No N/A |
|  | Safety standards available for workers in the field?  Location of field copy: | Yes No N/A |
|  | Have variances been approved for all jobs which do not strictly adhere to applicable safety standards?  Review (here or in applicable subsection) | Yes No N/A |
| Personal Protective Equipment (PPE) | | |
|  | Review minimum PPE, related requirements, exceptions?   * Hard hat, safety glasses with rigid side shields, chemical goggles, hearing protection (single vs. double) * Glove policy * Clothing (long pants, short sleeves, etc.) * Footwear (no canvas, safety shoes, impact soles, etc.) | Yes No N/A |
|  | Additional PPE identified for jobs not already covered?  Respirators, flame-resistant clothing, flash suit, etc. | Yes No N/A |
|  | Appropriate types and amounts of PPE readily available? Who will provide? | Yes No N/A |
|  | Procedures in place for proper use and disposal of above? | Yes No N/A |
|  | Any exceptions to designated PPE areas within the plant during the project? (Goggle areas, hearing protection, etc.)  How will this be communicated and/or marked? | Yes No N/A |
|  | Additional areas should be designated during the project.  Portable noise sources, asbestos removal areas, etc. | Yes No N/A |
|  | Persons required to wear respirators medically approved and fit-tested? | Yes No N/A |
|  | All personnel properly trained in PPE required for job? | Yes No N/A |
| Safe Work Permit | | |
|  | Daily job lists to be made available? | Yes No N/A |
|  | Permit issuers identified (are additional ones needed?) | Yes No N/A |
|  | Will any jobs not require permits or on-site inspections? | Yes No N/A |
|  | Additional permit needs identified (hydroblasting, confined space entry, etc.)? | Yes No N/A |
|  | Schedule established to minimize problems during permitting?  Staggered times, extra permit writers brought in, etc. | Yes No N/A |
|  | Plans/discipline in place to ensure work stays within defined scope?  (Includes only that area covered during onsite inspection) | Yes No N/A |
|  | Permit receivers understand expiration and reauthorization process? | Yes No N/A |
|  | Process in place to ensure that all personnel on permit have received appropriate indoctrinations? | Yes No N/A |
| Lock-Out/Tag-Out – Isolation of Energy | | |
|  | Tag location listings developed for individual tags and locks? | Yes No N/A |
|  | Persons available for isolation verification? | Yes No N/A |
|  | Location of locks identified? Locks available? | Yes No N/A |
|  | Will individual tags or exclusive control be used?   * If so, review requirements. * Are exclusive control operating procedure (ECOP) written and approved? | Yes No N/A |
| Line and Equipment Opening | | |
|  | Means of positive identification established? | Yes No N/A |
|  | PPE requirements established and PPE available? | Yes No N/A |
|  | Emergency plans in place? | Yes No N/A |
|  | Decontamination and isolation plans in place? | Yes No N/A |
|  | Environmental contact has accounted for emissions from opening? | Yes No N/A |
| Confined Space Entry | | |
|  | Permit requirements reviewed? | Yes No N/A |
|  | Cleaning/clearing plans complete? | Yes No N/A |
|  | Isolation plans complete?  Approval if double block and bleed used for isolation? | Yes No N/A |
|  | Security/rescue team notified?  Rescue plans complete?  Equipment available (respirators, harnesses, etc.)? | Yes No N/A |
|  | Trained attendants available (      specific training)? | Yes No N/A |
|  | Trained air monitoring personnel available? | Yes No N/A |
|  | List of required equipment established and available for each entry?  Respirators, O2/Combustible analyzers, air movers, etc. | Yes No N/A |
|  | Proper lighting available? | Yes No N/A |
|  | Communication plans developed (radio, etc.)? | Yes No N/A |
|  | Plans for addressing heat stress while in confined space? | Yes No N/A |
|  | Plans reviewed and approved by Health, Environment and Safety (EHS) and Industrial Health (IH) for entries:   * Not cleaned below the occupational exposure limit (OEL)? * Could introduce contaminants into space? | Yes No N/A |
|  | Plans in place to reduce hazards if welding inside confined space?  Dust fires, accumulation of fumes, etc. | Yes No N/A |
|  | Is grinding, etc., to be done on fiberglass reinforced plastic vessels?  Requires IH approval with monitoring unless person is supplied with an air full-face respirator or SCBA is used | Yes No N/A |
| Motor Vehicle | | |
|  | Driver license and record check? | Yes No N/A |
|  | Driver training? | Yes No N/A |
|  | Journey assessment and journey planning? | Yes No N/A |
|  | Vehicle monitoring device? | Yes No N/A |
|  | Vehicle fit for purpose and maintenance? | Yes No N/A |
| Excavation | | |
|  | Applicable excavation permit initiated/completed? Review any special requirements identified by the following groups:   * Leveraged services (handling of excavated materials) * Industrial hygiene (PPE) * Engineering (underground drawings) * Electrical * Maintenance tech services (if near cathodic protection) * Utility distribution | Yes No N/A |
|  | Competent persons available for inspections?  Supplied by: | Yes No N/A |
|  | Review procedures if excavating near buried lines:   * Hand tools within three feet (one meter) * After probed and positively located, then the owner may approve mechanical means. | Yes No N/A |
|  | Barricading plans determined (traffic lanes, etc.)? | Yes No N/A |
|  | Adjacent structures protected from undermining? | Yes No N/A |
|  | Precautions planned if personnel to enter excavation?   * Water removal * Use of a ground fault interrupter (GFCI) * Safe means of exit (no more than 25 feet from work area) * Excavated material at least three feet back from edge * Sloping/shoring plans (if greater than four feet deep) * Approved by professional engineer (or purchased system) * Competent person available for inspection | Yes No N/A |
|  | Is excavation considered a confined space? Could hold or contain hazardous atmosphere. | Yes No N/A |
| Tools | | |
|  | Tool inspections scheduled? | Yes No N/A |
|  | All special tool needs identified? | Yes No N/A |
|  | Special training/certifications needs identified (power actuated tools, etc.)?  Trained persons available?  Supplied by: | Yes No N/A |
|  | Modified or homemade tools reviewed and approved? | Yes No N/A |
|  | All pipe stands have anti-slip devices and capacity labels? | Yes No N/A |
|  | Holders used or tools secured for hammer-struck tools?  Do not allow one person to hold while other strikes tool. | Yes No N/A |
|  | Appropriate use of nail guns reviewed?  Depress end, then squeeze trigger | Yes No N/A |
| Heavy Equipment | | |
|  | Required equipment identified and available?  Type:  Supplied by: | Yes No N/A |
|  | All equipment inspected and in good condition? | Yes No N/A |
|  | All operators properly trained and certified? | Yes No N/A |
|  | Proper planning of routes and precautions for overweight or over-height transportation? | Yes No N/A |
|  | Plans in place for refueling needs? (discourage bulk storage)  If used, grounded storage tanks, labeling, fire protection?  Containment? | Yes No N/A |
| Elevated Work | | |
|  | Major fall hazards identified?   * Where no prevention system in place and greater than six feet (two meters) fall hazard or above recognized hazard * Over water or material that person could sink into | Yes No N/A |
|  | Plans in place for elimination/reduction of hazards?   * Use hierarchy (eliminate/prevent/protect) * Include protection or standard operating procedure for work off of ladders | Yes No N/A |
|  | Minimum fall protection equipment requirements reviewed?   * Harness (not belts), deceleration device * Protection must be continuous * Locking snap hooks * No knots in load bearing lines * Acceptable/unacceptable anchorage points * Exclusive use of equipment * Prior to use inspection | Yes No N/A |
|  | Equipment to be provided by: | Yes No N/A |
|  | All fall protection equipment inspections current?  If equipment is supplied by a contractor, discuss how inspections are documented. | Yes No N/A |
|  | All users trained in specific equipment to be used? | Yes No N/A |
|  | Review requirements for work in pipe racks and cable trays such as no walking in cable trays, lined/insulated pipes, etc. | Yes No N/A |
|  | Will positioning systems be used?  Equipment designed for positioning?  Will fall protection be used in combination? | Yes No N/A |
|  | Are suspension systems to be used?  Separate fall protection required (including anchorage)? | Yes No N/A |
|  | Are there any special rescue requirements?  Buddy system, crane basket readily available, etc.? | Yes No N/A |
| Hot Work, Welding, and Cutting | | |
|  | Alternatives to field hot work considered? | Yes No N/A |
|  | Type of equipment needed identified and available?  Type:  Supplied by: | Yes No N/A |
|  | Appropriately trained persons available/scheduled? | Yes No N/A |
|  | Plans in place for inspection of cranes when brought on site? | Yes No N/A |
|  | Placement and securement of oxy/fuel cylinders reviewed? | Yes No N/A |
|  | Minimum requirements for oxy/fuel welding/cutting reviewed?   * Continuous eye protection * Dedicated oxygen regulators * Regulator to limit acetylene to 12 psig (0.8 bar) * Combination reverse flow check valve and flame arrestor on torch handle * Reverse flow check valves at regulators * Adequate ventilation | Yes No N/A |
|  | Minimum requirements for arc welding/cutting reviewed and understood?   * Grounding of AC units * Attach return lead as close as possible to work * Remove electrode when moving * Protect terminal leads (hinged cover, insulating sleeve, etc.) * Use of GFCI if AC unit is to supply power | Yes No N/A |
|  | Special PPE needs for hot work identified and available? | Yes No N/A |
|  | Spark containment plans in place (enclosures, tarps, etc.)?  Can enclosures hold/contain welding fumes, inert gases, etc.? | Yes No N/A |
|  | Fire fighting equipment needs identified and available? | Yes No N/A |
|  | Fire watch needs identified (review plant fire watch policy)? | Yes No N/A |
|  | Trained/certified fire watch available? Supplied by: | Yes No N/A |
| Hot Work on Equipment Not Isolated and Cleared | | |
|  | Written procedure available and addresses:   * Design stress calculations * Flow rates and temperature * Equipment testing and nozzle reinforcement * Pressure testing before/after reinforcement | Yes No N/A |
|  | Appropriate approvals obtained:  Production leader and site EHS responsible care leader, as appropriate | Yes No N/A |
|  | PPE identified and available? | Yes No N/A |
|  | Product containment and disposal plans in place? | Yes No N/A |
|  | NDT thickness test complete and acceptable? | Yes No N/A |
|  | Emergency procedures in place:   * Isolation devices identified (consider need for knowledgeable       person at isolating devices) * Means of communication established * Fire protection equipment available | Yes No N/A |
| Scaffolds | | |
|  | Safety or emergency equipment not blocked by scaffolding?  Fire extinguishers, safety showers, critical valves, etc. | Yes No N/A |
|  | Minimum requirements reviewed and understood:   * Minimum 18-inch (46 cm) platform width * Ladders three rungs above top rail, min. 42-inches (107 cm) above platform * Maximum 12-inch (30 cm) step across distance from ladder to platform * Sufficient clearance for climbers behind ladder * Ladder safety device if great than 30 feet (nine meters), landing platforms at 35 feet (10 meters) * Cleats or boards nailed to toe board for stability * Continuous fall protection during scaffold construction | Yes No N/A |
|  | Scaffold crews trained by competent person? | Yes No N/A |
|  | Competent person available to inspect finished scaffold before use and at each shift of use? | Yes No N/A |
|  | Employees working off of scaffold properly trained? | Yes No N/A |
|  | Timing determined? (How far in advance are crews required?) | Yes No N/A |
|  | Plans in place for covering of floor holes generated?  Covers either secured or labeled and attended until corrections made? | Yes No N/A |
|  | All scaffolds great than 75 feet (23 meters) submitted to engineering for review? | Yes No N/A |
|  | Suspended scaffolds required?  Suspensions mechanism rating 6 X load?  Fall protection separate from suspension mechanism? | Yes No N/A |
| Critical Lift | | |
|  | Lifting plan in place and equipment needs identified?  Size/type of rigs: | Yes No N/A |
|  | Knowledgeable persons to review lift permit identified?  Name: | Yes No N/A |
|  | Plans to minimize potential hazards for lifts over process equipment? | Yes No N/A |
|  | Plans to minimize potential hazards for lifts near overhead power lines? | Yes No N/A |
| Personnel Lifts | | |
|  | Equipment needed identified, available, with current inspection?  Type:  Supplied by: | Yes No N/A |
|  | All materials to be lifted along with personnel fit within horizontal confines of basket and no more than 100 lbs (45 kg) extends above handrail?  Total capacity not to be exceeded. | Yes No N/A |
|  | Review precautions if welding to be done from the lift? | Yes No N/A |
|  | PPE identified and available (fall protection, respirators, etc.)? | Yes No N/A |
|  | Equipment operators qualified?  Supplied by: | Yes No N/A |
|  | Special precautions for personnel crane baskets reviewed and understood (permit required)?   * Load less than 50% of crane capacity * Power up/power down and two block prevention device (verify prior to lift) * Winch brake system inspected in last year * Locking load hooks and tagged safety cable * Boom angle indicator if variable angle * Boom length indicator if telescoping boom (or second qualified operator to verify lift angle) * No other lifts, no traveling with crane while persons lifted * Lift plan documented * Communication means identified (radios preferred) * Proof testing and trial lift procedure in place | Yes No N/A |
|  | Special precautions for Bosun Chairs (one person basket supported from a cable) reviewed and understood (permit required):   * Approved and inspected prior to use by paint contractor * Structural integrity of anchor checked * Fall Protection Plan | Yes No N/A |
| Electrical | | |
|  | GFCI available at breaker or receptacle(s) in work area? | Yes No N/A |
|  | If not, sufficient portable GFCIs available?   * Where portable equipment, tools, and extension cords used outdoors, in shops, and in wet locations laced at the source? | Yes No N/A |
|  | Will GFCIs be used in hazardous areas? | Yes No N/A |
|  | If yes, continuous explosion proof equipment available?  If not, is a fire watch required? | Yes No N/A |
|  | Which option used for electrical protection on construction site?        GFCIs or       assured grounding (if allowed) | Yes No N/A |
|  | All extension cords free of cuts/breaks/burns and provided with ground plugs? | Yes No N/A |
|  | Will work require persons or equipment to be within 10 feet (3 meters) of overhead power lines? | Yes No N/A |
|  | If yes, has electrical distribution reviewed and approved work? | Yes No N/A |
|  | Does job involve work on electrical equipment? | Yes No N/A |
|  | If yes, are workers properly qualified for the work?  Based on the level of potential electrical exposure | Yes No N/A |
|  | If yes, review requirements for penetration of clearance zones?   * Voltage testing prior to work * Verifying test equipment before and after use * Possible PPE requirements * Procedure if testing requires penetration of clearance zone | Yes No N/A |
|  | Will electrical work permits be required?  For work on de-energized equipment that is:   * 2,300 volts (except motors) * 480 volts or above with less than one voltage source | Yes No N/A |
|  | Electrical representative available for electrical permit?  Supplied by: | Yes No N/A |
|  | Does project involve work on energized electrical circuits? | Yes No N/A |
|  | If yes, are properly approved electrical work procedures available? | Yes No N/A |
| Work On/Near Radiation Devices | | |
|  | Radiation (X-ray) safety officer contacted if devices to be received/installed/changed? | Yes No N/A |
|  | Licensed radiographers available? | Yes No N/A |
|  | Limits of "controlled area" identified? | Yes No N/A |
|  | Plans in place for marking of area? | Yes No N/A |
|  | Plans in place to control entry into area?  Is an attendant required? | Yes No N/A |
| Material Handling and Storage | | |
|  | Plans in place for handling of chemicals brought onto site for project? | Yes No N/A |
|  | Training plans in place for communicating chemical hazards? | Yes No N/A |
|  | MSDS available on site including chemicals brought in for project? | Yes No N/A |
|  | Material storage/staging areas identified?  Drop-off point for       supplied materials also? | Yes No N/A |
|  | Material management personnel prepared to handle material needs? | Yes No N/A |
|  | Review vendor delivery and PPE requirements | Yes No N/A |
|  | Flammable storage areas identified? | Yes No N/A |
|  | System for ordering materials for add-ons reviewed? | Yes No N/A |
| Hydroblasting | | |
|  | Equipment needs identified and available? | Yes No N/A |
|  | All hoses inspected prior to use? | Yes No N/A |
|  | Hoses connected with safety device (whip hose)? | Yes No N/A |
|  | Appropriately trained persons available/scheduled? | Yes No N/A |
|  | Plans in place to inspect rigs when brought on site? | Yes No N/A |
|  | Approval obtained for ultra-high-pressure blasting? | Yes No N/A |
|  | Standby operator available to observe? | Yes No N/A |
|  | Barricaded areas identified? | Yes No N/A |
|  | PPE needs identified and available? | Yes No N/A |
|  | Plans in place to collect and properly dispose of water? | Yes No N/A |
| Abrasive Blasting | | |
|  | Number of compressors identified and available?  Supplied by: | Yes No N/A |
|  | Equipment inspected? | Yes No N/A |
|  | Trained personnel available? | Yes No N/A |
|  | Ventilation requirements identified? | Yes No N/A |
|  | Respiratory and other PPE needs identified and available? | Yes No N/A |
|  | Plans in place to control accumulation of dust/sand? | Yes No N/A |
|  | Trained persons available for handling lead-based paint? | Yes No N/A |
| Demolition | | |
|  | Decontamination plans in place for equipment being demolished? | Yes No N/A |
|  | Review procedure for positive ID of equipment/lines | Yes No N/A |
|  | Barricading plans in place for area surrounding demolition? | Yes No N/A |
|  | Asbestos identified?   * Trained persons available? * Adequate PPE? * Containment plans in place? * Leveraged services notified and permits obtained (10-day notice)? | Yes No N/A |
|  | Lead containing materials identified and trained persons available? | Yes No N/A |
|  | Additional PPE identified and available?  Special boots, cutting goggles, face shields, etc. | Yes No N/A |
|  | Plans in place for removal of demolished materials/equipment?  Load luggers/dumpsters, etc. | Yes No N/A |
|  | Decontamination plans in place for equipment being demolished? | Yes No N/A |
|  | Compliance with electrical demolition procedures? (Isolation and disconnection, grounding, asbestos present, PCBs present, etc.) | Yes No N/A |
|  | Precautions to reduce hazards from dust accumulation? | Yes No N/A |
|  | Does demolition involve removal of a load supporting member?  Leveraged services notified and permits obtained (10-day’s notice)? | Yes No N/A |
|  | Will concrete grinding machines be used?  Has air permit been obtained? | Yes No N/A |
| Miscellaneous | | |
|  | Railroad notified of work within the minimum clearance envelope? | Yes No N/A |
|  | Street/road blockage approved by: | Yes No N/A |
|  | Protection plans in place for jobs involving working over water? | Yes No N/A |
|  | Will work involve asbestos gaskets? Persons trained for asbestos gasket handling per regulations? | Yes No N/A |
|  | Determine process for use of small lifting equipment such as hoists, small cranes, and appropriate rigging. | Yes No N/A |
|  | Radio inspection? (electrically rated radios required?) | Yes No N/A |
|  | Compressed gas cylinders (other than for welding)? | Yes No N/A |
|  | Will project result in changes to potable water system?  If so, complete cross-connection requirements. | Yes No N/A |
|  | Reviewed contractor work that may cause release of chemicals to the environment? | Yes No N/A |
|  | Placed all equipment in either a contained area or temporary containment provided to prevent spread of an oil spill, particularly if near water? | Yes No N/A |
|  | Reviewed plans for disposal of hydro test water permitted outfall or alternate plan? | Yes No N/A |