

Emergency Work Y N

LBNL Subcontractor Pre-Task Hazard Analysis



Company Name: _____ **Project Name:** _____ **Location:** _____ **Date:** _____

Complete this form per task, per day. 1. Fill in the project name, location and date. 2. List **Scope of Work**. 3. Using the back side of this form as a guide, walk-through the work area and list **potential hazards** involved with each work step. 4. List **Safety Controls** to mitigate those hazards. 5. Have each worker review the work area; assist with completing this form and print name and Sign. Review with all workers in work area. Each worker prints name and signs on all worksheets. 7. Submit a copy C/M-P/M.
NOTE: Work shall stop if conditions change, job scope changes, or a deficiency in the plan is noted. If any injuries or incidents occur, respond as appropriate, then Contact the Construction Manager. Rev 1 – 04/11 See reverse side for some helpful hints.

Scope of Work (& tools required)	Hazards	Safety Controls

Task specific Required Inspections:	Inspected by:	Date:	Work Area Questions:
Aerial/Scissor Lifts/Heavy Equip. Y <input type="checkbox"/> N <input type="checkbox"/>			Are there adjacent personnel in or near your work area? Y <input type="checkbox"/> N <input type="checkbox"/>
Fall Protection Equipment Y <input type="checkbox"/> N <input type="checkbox"/>			Did you notify them of you presence? Y <input type="checkbox"/> N <input type="checkbox"/>
Ladders / Scaffolds Y <input type="checkbox"/> N <input type="checkbox"/>			Did you coordinate your work with other trades in your area ? Y <input type="checkbox"/> N <input type="checkbox"/>
Cords / GFCI's Y <input type="checkbox"/> N <input type="checkbox"/>			Are Permits in place ? Hot Work: Y <input type="checkbox"/> N <input type="checkbox"/> Penetration: Y <input type="checkbox"/> N <input type="checkbox"/> LOTO: Y <input type="checkbox"/> N <input type="checkbox"/>
Tools / Equipment Y <input type="checkbox"/> N <input type="checkbox"/>			Fall Protection Matrix: Y <input type="checkbox"/> N <input type="checkbox"/> Energized Electrical Work Permit (EEWP): Y <input type="checkbox"/> N <input type="checkbox"/>
Excavation (Refer to Pen. Permit) Y <input type="checkbox"/> N <input type="checkbox"/>			Are there a written set of Policies and Procedures ? Y <input type="checkbox"/> N <input type="checkbox"/>
Cranes (Refer to Lift plan) Y <input type="checkbox"/> N <input type="checkbox"/>			Are any there written Plans needed to perform work ? (Traffic, Crane Pick) Y <input type="checkbox"/> N <input type="checkbox"/>

Pre-Task Review completed: _____ **Safety Meeting conducted:** Y N **Meeting Topic:** _____

Print Employee Name:	Employee Signature:	Company Name:	Date:
LBNL P/M:		LBNL	
LBNL CSE:		LBNL	

PTHA Guide

Hazards	Controls	PPE (possibilities)
Aerial / Scissor Lifts	Fall Protection Matrix required	Hard Hat: Proper Class Ear Protection: Ear plugs or Muffs Eye Protection: Safety Glasses Face shield Chemical Goggles Welding Hood Hand Protection: Cut resistant gloves Rubber gloves Electrical Insulated gloves Surgical gloves Welders gloves Arm sleeves Foot Protection: Sturdy work boot Safety toe boot Rubber boot Rubber boot cover Dielectric footwear Respiratory Protection: Half face Full face PAPR Special Clothing:
Blocking Door, Passage & Walk ways, Sidewalks & Streets	Traffic / Pedestrian Plan maybe required Signage on barricades Delineation with Red or Yellow tape	
Compressed Gas Cylinders (Oxy/Acyl) Cylinders not properly stored	End of shift cylinders are to be stored with the gauges removed, properly secured, with either a 1hr fire wall between tanks or 30' apart	
Crane Picks or Lifting equipment	Lift Plan is required	
Electrical (Shock, Electrocutation or Arc Flash)	LOTO Permit is Required	
Environmental Exposure to: Airborne Pathogens Radiological		
Excavations: Cave-ins	Penetration Permit required Shoring Plan maybe Required	
Fall Protection (Exposure to a fall)	A Fall Protection & Matrix will be required	
Fire Hazards: Sparks Heat guns Open flame (torches) Welding or Cutting	Hot Work Permit Required	
Hand & Power Tools Miss use of; Striking or hitting against	Employee's shall be properly trained for the use of All Tools & equipment for that project	
Heat/ Cold Stress (Weather Conditions)	Heat stress monitoring >85 degrees Liquids available Review Heat /Cold stress program	
Ladders (Working from heights)	Properly trained on ladders Pre-Shift daily inspection required Working under 6' Over 6' FP maybe required (FP would be required)	
Lifting (Strains & Sprains)	Properly trained in good lifting technique Be aware of your surroundings	
Noise>85 db (exposures to loud)	Hearing protection is required for working in areas >85db's	
Pinch points (rotating equipment)	LOTO maybe required Machine guarding should be in place Be aware of your surroundings	
Scaffolds (working from heights) (User or Erector)	Pre-Shift Inspection required daily. Employees to have proper training Fall Protection maybe required with a FP Matrix	
Site Hazards Weather, Terrain, adjacent operations	Be aware of your surroundings	
Slips, Trips & Falls	Be aware of your surroundings Inspect for trip hazards Work zone free of debris Maintain proper house keeping	
Working with chemicals (Exposure to chemicals)	Review MSDS of chemicals on site Have proper containers & labels	