

Date:

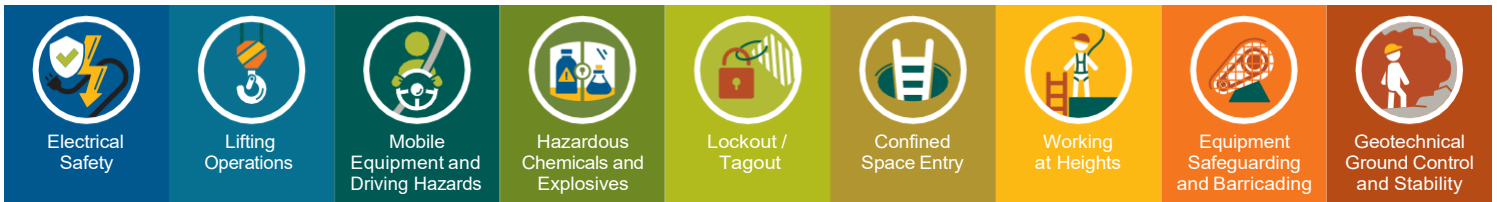
Crew:

WO# or Area:

Complete the following

	YES	NO	N/A
Have you reviewed relevant Standard Operating Procedures (SOPs)/job plans/Task Safety Analysis/Qual Cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the rescue/emergency plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the evacuation route? Emergency shelters? Muster points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you communicated with other workers and work groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all eyewash stations, emergency showers, fire extinguishers tested (if needed) and easily available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Saving Rules



Describe the job:

Permits Required?

YES NO

☐ ☐

Hazards & Controls

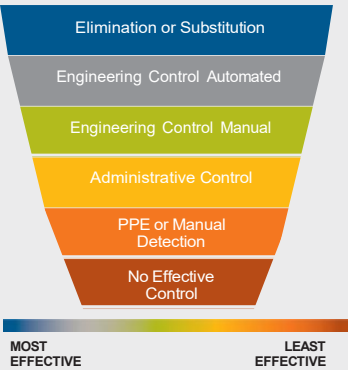
COMMON HAZARDS	COMMON CONTROLS
Lockout / Tagout (LOTO)	<input type="checkbox"/> Lockout all sources of energy <input type="checkbox"/> Personal lock in place prior to starting work <input type="checkbox"/> Tags in place and independently verified <input type="checkbox"/> Zero energy test complete
Electrical Safety	<input type="checkbox"/> Authorization obtained <input type="checkbox"/> No wet conditions present <input type="checkbox"/> No work on live equipment without authorization <input type="checkbox"/> Partner if accessing a high voltage area
Confined Space Entry	<input type="checkbox"/> Space is clear from overhead hazards before entering <input type="checkbox"/> Everyone is trained and authorized <input type="checkbox"/> Gas monitoring equipment is available <input type="checkbox"/> Rescue plan is reviewed
Working at Heights	<input type="checkbox"/> Inspect fall protection <input type="checkbox"/> Swing fall radius adequate <input type="checkbox"/> Tie off to a proper anchor point <input type="checkbox"/> Maintain 100% tie off
Equipment Safeguarding and Barricading	<input type="checkbox"/> All barricades and guards in place and secured <input type="checkbox"/> Aware of all barricading in area <input type="checkbox"/> Barricade/tag appropriate for hazard <input type="checkbox"/> Authorization obtained if required
Mobile Equipment and Driving Hazards	<input type="checkbox"/> Complete pre-use checklist <input type="checkbox"/> Distracted driving controls in place and utilized <input type="checkbox"/> Training complete for type of equipment <input type="checkbox"/> Seatbelts are worn and properly secured
Lifting Operations	<input type="checkbox"/> Potential for contact with electrical has been controlled <input type="checkbox"/> Area appropriately barricaded <input type="checkbox"/> Ensure capacity of machine and lifting devices appropriate for load prior to lift <input type="checkbox"/> Equipment inspected before use
Geotechnical/Engulfment	<input type="checkbox"/> Prior to work checklist complete. Permit complete (if applicable) <input type="checkbox"/> Identified buried utilities and pipelines <input type="checkbox"/> Adequate ventilation <input type="checkbox"/> Ground conditions inspected and stabilized prior to work
Usage of Hazardous Chemicals and Explosives	<input type="checkbox"/> PPE appropriate for chemical in use, PPE not damaged <input type="checkbox"/> Additional safeguards in place <input type="checkbox"/> Safety data sheet reviewed and available <input type="checkbox"/> Applicable regulations followed for storage, transport, and use of explosives
Pinch points	<input type="checkbox"/> Use a tool barricade/guarding <input type="checkbox"/> Use gloves specific to task
Sharp objects	<input type="checkbox"/> Cover object <input type="checkbox"/> Cut resistant PPE
Sparks, slag and heat from hot work	<input type="checkbox"/> Remove flammables from 35 ft. and combustibles from 50 ft. (if elevated) <input type="checkbox"/> Fire watch/extinguisher present
Walking working surfaces	<input type="checkbox"/> Housekeeping of area <input type="checkbox"/> Eyes on path
Potential for spill or leak	<input type="checkbox"/> Containment in place and appropriately sized <input type="checkbox"/> Supervisor notification <input type="checkbox"/> Manage waste (dispose properly)
Working near water	<input type="checkbox"/> Everyone is appropriately trained <input type="checkbox"/> Water safety tools and PPE available for use
Heat safety	<input type="checkbox"/> Drink water before and during <input type="checkbox"/> Take frequent breaks
Rushing/fatigue/frustrated	<input type="checkbox"/> Keep mind on task <input type="checkbox"/> Take frequent breaks

While completing the task, were any new hazards discovered? If yes, list the hazards and controls.

List all additional hazards:

List all additional controls:

Hierarchy of Controls (HOC)



What job steps have elevated risks of hand injuries?

What is your plan to keep your hands safe?

Carlsbad-Specific Questions

If you or any member of this FLHA answers no to the following questions, stop and notify a member of management.

For routine tasks, all pre-op checks and workplace exams have been completed and common risks and controls have been discussed to prevent complacency?

YES ☐ NO ☐

If LOTO required, everyone signed onto the FLHA/SLAM has verified all LOTO sources?

YES ☐ NO ☐

Are electrical cables out of the line of fire or protected?

YES ☐ NO ☐

Area has been evaluated for housekeeping, ground control, or overhead/falling object hazards and adequate controls have been implemented?

YES ☐ NO ☐

All workgroup members commit to looking out for themselves and their co-workers to ensure everyone goes home unharmed to their family today?

YES ☐ NO ☐

All members of work team are focused, free of distractions, and in the right frame of mind to complete the task safely or call a TOFS?

YES ☐ NO ☐

Workplace Exam

Name of competent person conducting workplace exam (required):

List and describe any adverse conditions:

List and date any corrective actions taken to prevent injury:

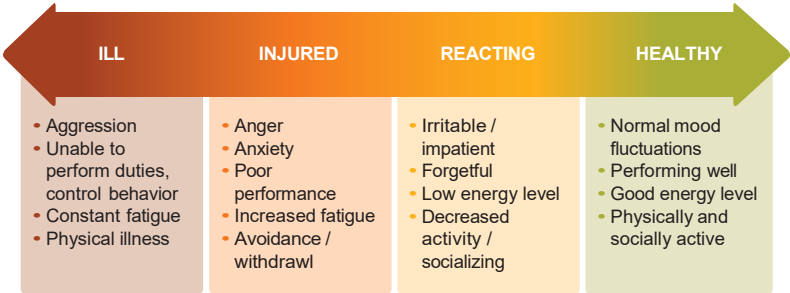
Workplace Exam Supervisor Review (Signature):

Date:

Protect Your Psychological Health

What steps or actions can you take to help yourself or your co-workers move to a healthier psychological health?

LYRA HEALTH (844) 477-5174 | mosaic.lyrahealth.com



Rate your state or the state of your workgroups: ☐ GREEN ☐ YELLOW ☐ ORANGE ☐ RED



Rate your state 1=very low 5=very high

Rushing	1	2	3	4	5
Frustration	1	2	3	4	5
Fatigue	1	2	3	4	5
Complacency	1	2	3	4	5

What critical errors could become a factor?

- ☐ Eyes on task
- ☐ Mind on task
- ☐ Line of fire
- ☐ Balance, traction and grip

Which critical error reduction technique would help the most today?

- ☐ Self-trigger on the state
- ☐ Analyze close calls & small errors
- ☐ Look at others for patterns that increase the risk of injury
- ☐ Work on habits

Where in your work area (specific location) are there conditions that increase the chance to be in one or more states that could lead to committing one or more critical errors?

Example: Buildup of material in walkway or stairway that could lead to a slip/trip hazard.

Which job task increases the likelihood of committing a critical error? Is there a better tool or process that you would recommend?

Example: Using a pick hammer instead of a punch with a handle due to tool not being readily available.

All people working on this job and present for this risk assessment, please sign here:

X

LOTO

☐

X

LOTO

☐

X

LOTO

☐

X

LOTO

☐

X

LOTO

☐

X

LOTO

☐

