TYPES OF HAZARDS

Access

Congested Area, Uneven ground, Confined Space, Overhead obstruction, Objects in walkway, Unsecured decking/grating, Clutter, Traffic, Railroad/Crossing

Caught In/Struck By

Sharp objects, Pinch points, Hot/cold surfaces, Open holes, Overhead workers, Struck-by objects, Strike against objects, Fire/Sparks, Thermal burns

Environment

Noise, Dust, Weather, Lightning, Heat, Wet areas, Wind, Plant processes, Lead, Asbestos, Hot/Cold surface, Heat stress, Fumes/mists, Extreme Cold, Frostbite, Hypothermia

Driving

Speeding, Poor visibility, Oncoming traffic, Pedestrians along roadway, Railroad crossings, Poor road conditions, Using Cell Phone, Immovable Objects

Falls

To a lower level, At the same level, Slippery surface, Floor or wall opening, Unprotected perimeter, Climbing, Relocating, Corrosion, Snow & Ice, Climbing Stairs

Hazardous Materials

Burns, Exposure, Inhalation, Splashing/dripping, Fumes, Spills, Airborne particles, Trapped substances, Lead, Asbestos, Radiation, Silica, Carbon Monoxide, Electric Shock

Stored Energy

Pressure, Tension, Electrical, Combustible, Flammable/Explosive, Static electricity, Steam

Tools/Equipment

Airborne particles, Fumes, Arc flashes (pin guns), Sharp edges, Line of fire, Wrong tool for the job, Broken tools, Rotating parts, Vibration, Shock

Spill Prevention

Paint/Primer cans covered at all times, Solvents in approved containers, Containers stowed on vehicles to prevent tipping/ spilling over

Wind Direction	

		PERMIT REQUIREMENTS		
Y	N/A			
		STAC Card		
		General (Safe Work)		
		Hot (flame/spark) Work		
		Hot (electrical) Work		
		Confined Space Entry		
		Crane/Critical Lift		
	ā	Scaffold Inspection		
$\overline{\Box}$		SWP Reviewed and Signed		
	_	Other:		
PR	OCE	SS REQUIREMENTS		
Y	N/A	CO 4 COMP OF THE C		
		Signed into Site		
	_	Job scope understood		
	0	Building/Area Orientation Completed		
	J	MSDS location known/reviewed		
	J ()			
		Lockout/Tagout verified with crew		
		Oxygen/Flammability check verified		
		Confined Space Procedure/Rescue Plan Reviewed		
		Tool/Equipment right for job/in safe condition		
		Communicated work with others in area		
		Properly trained for assignment		
		Certified for equipment/tool operation		
		Barricades and Tags in Place		
_		Pre-Job Read and Signed		
		Other:		
m	DE O	FORK TRUCK/AERIAL LIFT PERATION CHECKLIST UNIT NO.		
r.		rk Truck Rough Terrain (Skytrak)		
		issor Lift Boom Supported Lift		
OK	NR	N/A CHECK THESE ITEMS		
		Fluid Leaks		
		Oil Level		
Н		Hydraulic Fluid Level		
7	Н	Fuel Level / Battery Charge Hoses & Fittings		
ŏ	ŏ	Wiring & Cables		
ō	ō	Hydraulic Cylinders		
		☐ Tires / Tread		
		Forks / Mast / Backrest		
Н	Н	Welds / Structure Members		
Н	Н	Platform / Gate / Anchor Point		
H	H	Platform Railings / Pinch Rail Controls Working and Legible		
ŏ	ă	Emergency Stop		
0000000	ă	Steering		
		Brakes		
		Flashing Light / Alarm / Horn		
Щ	Щ	Load Capacity Marked / Not Exceeded		
		Pathway Clear of Obstacles, Powerlines		
_	_	Slow Moving Vehicle Sign on Unit		
		THERMICO SAFETY:		

Kevin Wolfgang 989.615.4473 Dave Murphy 989.205.0729

Thermico, Inc. Safety Task Analysis Card

Working safely may get old, but so do those who practice it!

Re-STAC:		Time:					
Today's Date:		Time:					
My Name:	My Name:						
General Contractor:							
My Supervisor:							
My job location:							
My job #							
My job description	My job description:						
I have been employed less than 6 months and I am considered an at risk employee. YES NO NO Mame of my assigned mentor is: Mentorship end date is:// I would miss this personal activity if I were injured today.							
PPE ASSESSMENT							
☐ Safety Shoes ☐ Fall Protection ☐ SRL / 18.5 Foot	☐ Face Shield ☐ Ear Plugs ☐ Respirator: _ Rule	Gloves: Clothing: Air Monitor:					
JOB (COMPLETION	NREVIEW					
Y N/A Work area cleaned up Permit turned in to permit issuer All red tags released and signed off by individuals Job status communicated to customer EMERGENCY INFORMATION							
Emergency alarms/phone numbers:							
My alert/evacuation assembly area is:							
Location of eye wash/safety shower station:							

Peer/Coach signature:

<u>LIST OF TASK(S)</u>	LIST THE HAZARD(S) FOUND FOR EACH TASK	HOW CAN THE HAZARD BE ELIMINATED, PREVENTED OR PROTECTED AGAINST?
	1.	1a.
		1b.
	2.	2a.
		2b.
	3.	3a.
		3b.
	1.	1a.
		1b.
,	2.	2a.
		2b.
	3.	3a.
		3b.
	1.	1a.
		1b.
	2.	
		2b.
	3.	3a.
		3b.
	1.	1a.
		1b.
	2.	2a.
		2b.
	3.	3a.
		3b.
	1.	1a.
		1b.
	2.	2a.
		2b.
	3.	3a.
		3b.
NO Visual Contact = STOP	Vehicle / Equipment Spotting	NO Visual Contact = STOP
☐ Walk Through / Driver and Spotter	How will Driver and Spotter communicate?	☐ Reviewed Spotter's Responsibilities?
Hazards that may interfere with safe completion? List Hazzards:	Hand Signals Lights	Name:
List Hazzards:	☐ Radio ☐ Air Horn ☐ Other:	Reviewed Driver's Responsibilities? Name:
	VERBAL ONLY NOT ALLOWED	Spotter - High Visibility Outer Wear?