

Daily Job Hazard Assessment—TIC Health & Safety Plan FS M/D



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The Daily Job Hazard Assessment form must be completed prior to starting any work each day. **You must have your meters, voltage detectors, and all personal protective equipment with you regardless if it will be needed for that particular job.**

Safety is your responsibility—any person who encounters a work situation where they will be accessing exposed electrical equipment without a means to apply Lock-Out Tag-Out to the isolation device and either; witness the verification of a de-energized state or have grounding straps applied by the site electrician to all power cables and motor leads, entering or exiting the equipment; must employ a safety work stoppage. The site should be immediately notified that there is a lack of LOTO capabilities and work will not be conducted by any TIC employees until the situation is further evaluated and controls approved by TIC Field Service and EH&S Managers are implemented.

Date: _____ End-User: _____
Task Number: _____ Site Name: _____
Customer: _____ Equipment Tag: _____

Site Emergency
Response Number: _____

Pre-Start Checklist

Daily Safety Meeting

Yes No

- Will power be energized today?
- Are drawings available of the upstream power system?
- Is upstream disconnect accessible AND lockable?
- Is disconnect in same room as equipment?
- LOTO expectations exchanged with site?
- Emergency egress routes are identified?

Site Conditions

- Extremely Hot
- Extremely Cold
- Dusty
- Wet
- Muddy
- Humid
- Dry
- Clean
- Dirty
- Exposed to Elements
- Wet Floors
- High Foot Traffic
- Remote Building
- Poor Air Quality



Always Fill Out LOTO Log.



I Have STOP WORK Authority!



Always Perform LOTO!
(Each Person must have their own lock)



Always Verify a De-energized State.



Always Wear Required PPE.
(NFPA 70E)

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HAZARDS

- | | |
|---|---|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Extreme Temperatures |
| <input type="checkbox"/> Hot Work/ Welding | <input type="checkbox"/> Electrical Current Contact |
| <input type="checkbox"/> Multiple Power Sources | <input type="checkbox"/> Environmental/airborne release of substance |
| <input type="checkbox"/> No Lockout Provision on Power Source | <input type="checkbox"/> Exposure to moving objects/equipment |
| <input type="checkbox"/> Potential Hazardous Gases/Chemicals | <input type="checkbox"/> Exposure to Hazardous Substances |
| <input type="checkbox"/> Weather Conditions (Ice/Mud/Lightning/Wind) | <input type="checkbox"/> Obstruction/Interference by Object/Structure |
| <input type="checkbox"/> Air Quality (Gas/Particulate/Low Oxygen) | <input type="checkbox"/> Stuck by/against Objects |
| <input type="checkbox"/> No Site Electrician (Assigned/Available) | <input type="checkbox"/> Caught between Object/Structure |
| <input type="checkbox"/> Heavy Lift | <input type="checkbox"/> Material Handling |
| <input type="checkbox"/> Falls/Slips/Trips | <input type="checkbox"/> Contact Live Piping |
| <input type="checkbox"/> Energized/Live Work | <input type="checkbox"/> Fire/Explosion |
| <input type="checkbox"/> Debris from Drilling/Scraping | <input type="checkbox"/> Exposure to Radioactive Source |
| <input type="checkbox"/> Overhead Debris or Falling Objects | <input type="checkbox"/> Untrained Personnel in Immediate Area |
| <input type="checkbox"/> Stranded Wire Pokes/Cuts | <input type="checkbox"/> Long Working Hours |
| <input type="checkbox"/> Ladders/High Work | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Inadequate Lighting | <input type="checkbox"/> Vehicle Traffic |
| <input type="checkbox"/> Remote Location (Medical Facility not near by) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Crowded Work Area | |

CONTROLS

- | | |
|--|---|
| <input type="checkbox"/> Use Appropriate PPE (Listed Below) | <input type="checkbox"/> Discuss Job Plan with Site Personnel |
| <input type="checkbox"/> Lock-Out/Tag-Out | <input type="checkbox"/> Improve Lighting |
| <input type="checkbox"/> Use of Multiple LOTO Devices | <input type="checkbox"/> Learn Evacuation Routes/Protocol |
| <input type="checkbox"/> Use of Second Man as Fire Watch | <input type="checkbox"/> Clean Area Prior to Start |
| <input type="checkbox"/> Attend Site Specific Safety Briefing | <input type="checkbox"/> Review Procedure/Instruction |
| <input type="checkbox"/> Wear H2S or other Gas Monitor | <input type="checkbox"/> Wear High Visibility Clothing |
| <input type="checkbox"/> Use 2-Man Lifting Methods | <input type="checkbox"/> Safety Guarding or Barriers |
| <input type="checkbox"/> Use Mechanical Lifting Device | <input type="checkbox"/> Ladder Inspection |
| <input type="checkbox"/> Obtain Appropriate Site Work Permits | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Discuss Medical Evacuation Procedure with Site Contact | |
| <input type="checkbox"/> Tape Off Area from Non-Essential Personnel | |
| <input type="checkbox"/> Discuss Obstruction Removal/Avoidance with Site Personnel | |
| <input type="checkbox"/> Inform Site Contact of Potential Hazards Observed | |
| <input type="checkbox"/> Contact TIC FS/EH&S Managers | |
| <input type="checkbox"/> Grounding/Bonding | |
| <input type="checkbox"/> Improve Ventilation | |
| <input type="checkbox"/> Verification by Site Electrician | |

PPE Required

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Face Shield | <input type="checkbox"/> Arc Rated Clothing (FR2+) | <input type="checkbox"/> Goggles | <input type="checkbox"/> Cold Weather Gear (FR2+) |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Leather Gloves | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Balaclava | <input type="checkbox"/> Other (List): |
| <input type="checkbox"/> Steel Toe Shoes | <input type="checkbox"/> Respirator | <input type="checkbox"/> Insulated Gloves | <input type="checkbox"/> Chemical Apron/Gloves | |

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Steps	Description of Job Steps	Potential Hazards	Current Risk Assessment	Control	After Risk Assessment
1					
2					
3					
4					

TIC Risk Matrix Rev 1 (for reference only when printed as hardcopy, revision must be verified) 11/6/08 p 1 of 1

TIC Risk Matrix							
		(Neg) 1 ----- 4 (High)					
Severity	4	3	4	4	4	4	4
	3	2	3	4	4	4	3
	2	1	2	3	4	4	2
	1	1	1	2	3	3	1
			1 (Remote)	2 (Unlikely)	3 (Likely)	4 (Very Likely)	
		Exposure to the hazard by all employees completing the job task					
		< Daily	1 -5 times a Day	5 -50 times a Day	> 50 times a day		
		Frequency					

Acknowledgement—Assessment has been reviewed, understood, and agreed by personnel signing below.

TIC Field Service Print Name:	Signature:	Date:
Site Electrician or Representative Print Name:	Signature:	Date: