

**Emergency 386-397-8444****Job Hazard Assessment****1. Job Assignment Information****Contractor Name:**

<b>Task Function:</b>	<b>Supervisor:</b>	<b>Date:</b>	<b>Location:</b>
	<b>Contact #:</b>		<b>Process Safety Management Area (PSM):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Ambulance Pick Up Point:</b> <b>SC Security</b> <b>SR Clinic</b>
<b>Worker(s)</b>		<b>Daily Focus Items</b>	
		<b>*Have all environmental steward aspects been considered for this task? (Spill/Air Release Prevention, Waste Disposal Plan, Chemical Storage, Labeling, Handling)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>*Are there any distractions which will affect Us/Me today?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>*Am I/Are we ready to work safely and environmentally friendly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>*Are there any pressures or limitations which would cause Us/Me to compromise my co-workers or my safety?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>*Have I communicated with others in my area regarding my hazards and how my hazards will affect them?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>*Have I/We attended a safety meeting/toolbox meeting today?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**“ 20 - 20 - 20 ”**  
**EVERY 20 MINUTES, FOR 20 SECONDS, LOOK AROUND 20 FEET FOR HAZARDS**

**Does this job have SERIOUS INJURY AND FATALITY (SIF) potential?** ☐ Yes ☐ No  
**Has the SIF potential been discussed and actions identified?** ☐ Yes ☐ No

**2. Job Task Hazard Checklist** - Check all hazards which may be present and all PPE Required during the task.

<b>Permits/Checklist</b>	<b>SIF Potential Hazards</b>	<b>Other Hazard Considerations</b>	<b>Personal Protective Equipment</b>
<input type="checkbox"/> Safe Work Permit / <input type="checkbox"/> Lock, Tag & Try Permit	<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Slips / Trips / Falls	<input type="checkbox"/> Mandatory (Standard)
<input type="checkbox"/> Hot Work Permit / <input type="checkbox"/> Line Breaking Permit	<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Stored Energy	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Confined Space Entry Permit / <input type="checkbox"/> Rigging Plan	<input type="checkbox"/> Guarding/Handrails/Grating (missing / broken)	<input type="checkbox"/> Chemical Exposures / Handling	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Excavation Permit <input type="checkbox"/> Critical Lift Permit	<input type="checkbox"/> Hoisting / Rigging / Towing	<input type="checkbox"/> Proper tool for the task/Inspected	<input type="checkbox"/> Face Protection (Goggles / Face Shield)
<input type="checkbox"/> EEWP Permit <input type="checkbox"/> Demolition Permit	<input type="checkbox"/> Line of Fire <input type="checkbox"/> Dropped or falling objects / Overhead scale / Build up	<input type="checkbox"/> Weather Conditions/Extreme Heat / Cold/ Rain/ High Winds / Lightning / Fog	<input type="checkbox"/> Chemical Protection
<input type="checkbox"/> Mobile Equipment Pre-use Checklist	<input type="checkbox"/> Crush Points / Amputation Points	<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Arc Flash Gear
<input type="checkbox"/> Water Safety Checklist (Required if Working Near Water SIF Potential Hazard box is checked)	<input type="checkbox"/> Atmospheric Conditions ( <b>H2S, CO, SO2, NH3</b> ) <b>Other:</b>	<input type="checkbox"/> Noise	<input type="checkbox"/> Fall Protection
<b>Environmental</b>	<input type="checkbox"/> Electrical hazards (Overhead / Underground)	<input type="checkbox"/> Additional work in area	<input type="checkbox"/> Emergency Breathing Apparatus (EBA)
<input type="checkbox"/> Spills / Leaks	<input type="checkbox"/> All Electrical properly Isolated / Grounded	<input type="checkbox"/> Awkward Positioning	<input type="checkbox"/> Hi Vis Clothing
<input type="checkbox"/> Generated Waste	<input type="checkbox"/> Excavation <input type="checkbox"/> <b>WORKING NEAR WATER</b>	<input type="checkbox"/> Lighting Level (Too High / Low)	<input type="checkbox"/> Other:

**3. Job Task Planning / Hazard Recognition and Control**

<b>Job Task</b>	<b>Task Hazard(s)</b>	<b>Plans To Control Hazard(s)</b>

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Job Task (Continued)	Task Hazard(s)	Plans To Control Hazard(s)

#### 4. Stop Work Assessment Required

<b>If any of the following questions are answered yes a Stop Work Assessment will be required. (Contact Supervision)</b>		
Is there any hazard / risk associated with my task which I am unable to control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this the first time I am performing this task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any additional training that is required to safely perform this task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a critical element to my task which would require additional planning and/or other personnel involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Uncontrolled Hazard Identified	Risk Level Before Controls	Permits, Safety Precautions, Equipment, PPE, Recommended Action or Procedure	Risk Level After
1				
2				
3				

Has the Stop Work Assessment made the planned task safe to perform? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### 5. Continuous Improvement

What will I / We do personally to improve the safety for all others on site today?	
Is there anything we can do to improve this task if we were to perform this again? If "Yes" comment below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	

#### 6. Supervisor Signoff

<b>Supervisor Field Checks</b> 1 <sup>st</sup> Interaction    Time: _____    Initial: _____ 2 <sup>nd</sup> Interaction    Time: _____    Initial: _____	<b>Supervisor/Nutrien Comments:</b> <div style="height: 40px;"></div>	<b>Area Supervisor / Superintendent</b> <b>Nutrien Initials</b> <div style="height: 40px;"></div>
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The Work Area has been inspected by the crew leader and to the best of my knowledge it is safe. ☐ Yes ☐ No Signature \_\_\_\_\_