



Appendix N

Pre-Job Briefing / Daily Tailgate Project Safety Meeting

ENVIROTECH

JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Impact and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Chipping</td> <td><input checked="" type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input type="checkbox"/> Flying Particles</td> <td><input type="checkbox"/> Vibration</td> <td><input type="checkbox"/> Chiseling</td> </tr> <tr> <td><input type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td><input type="checkbox"/> Falling/Dropped Objects</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Metal Shavings</td> <td><input 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ENVIROTECH

JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Cut and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Chipping <input checked="" type="checkbox"/> Grinding <input type="checkbox"/> Riveting <input checked="" type="checkbox"/> Sawing <input type="checkbox"/> Drilling <input type="checkbox"/> Sanding <input checked="" type="checkbox"/> Flying Particles <input type="checkbox"/> Vibration <input checked="" type="checkbox"/> Sharp Objects <input type="checkbox"/> Chiseling <input type="checkbox"/> Propelled Devices <input type="checkbox"/> Collision <input checked="" type="checkbox"/> Metal Shavings <input type="checkbox"/> Hammering <input checked="" type="checkbox"/> Falling/Dropped Objects <input type="checkbox"/> Moving equipment with stationary objects <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Foot <input checked="" type="checkbox"/> Body <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Slips, Trips & Fall Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Wet, greasy, icy floor <input type="checkbox"/> Uneven flooring, broken or missing grating <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc. <input type="checkbox"/> Poor housekeeping, dirty areas <input type="checkbox"/> Air hoses, extension cords, tools, etc. <input type="checkbox"/> Personal fall protection <input type="checkbox"/> Spider, open ledges, etc. <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Foot/hands <input checked="" type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>	<p><u>Inhalation Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Dust/dirt <input checked="" type="checkbox"/> Insulation <input checked="" type="checkbox"/> Vapors/fumes <input type="checkbox"/> Buffing <input type="checkbox"/> Gases <input type="checkbox"/> Fly ash <input type="checkbox"/> Sandblasting <input type="checkbox"/> Coal <input checked="" type="checkbox"/> Other <u>4cm</u></p> <p>Confined Space</p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Permit <input type="checkbox"/> Does exist <input checked="" type="checkbox"/> No Permit</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Respiratory System <input checked="" type="checkbox"/> Face/eyes</p>
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ENVIROTECH

JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Cut and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Chipping</td> <td><input checked="" type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flying Particles</td> <td><input type="checkbox"/> Vibration</td> <td><input type="checkbox"/> Chiseling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input checked="" type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal Shavings</td> <td></td> <td></td> </tr> <tr> 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ENVIROTECH

JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Impact and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Chipping</td> <td><input checked="" type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flying Particles</td> <td><input checked="" type="checkbox"/> Vibration</td> <td><input checked="" type="checkbox"/> Chiseling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input checked="" type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal Shavings</td> 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<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding																																																																			
<input type="checkbox"/> Pouring casting																																																																				
<input type="checkbox"/> Extreme weather																																																																				
<input type="checkbox"/> Furnace operation																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Lasers	<input type="checkbox"/> Brazing																																																																			
<input type="checkbox"/> Welding	<input type="checkbox"/> Furnaces																																																																			
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<input type="checkbox"/> High intensity lighting																																																																				
<input type="checkbox"/> Heat tracing																																																																				
<input type="checkbox"/> Boiler x-rays																																																																				
<input type="checkbox"/> Radiation source																																																																				
<input type="checkbox"/> Hot work permits																																																																				
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ENVIROTECH

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ENVIROTECH
PRE-JOB BRIEFING / DAILY TAILGATE

Date

11/13/12

Project Name/#

12124 GBA BLDG 107 PHASE 1

Critical Job

Project Location

BLDG 107

Routine Job

Supervisor

John W. Brown

Non-Routine Job

Identify Any Potential Hazards on Job:

OVERHEAD WORK REMOVAL CEILING FROM ELEVATED PLATFORM
SLIPS, TRIPS, FALLS WHILE CLEANING UP DEBRIS

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS, AND USE OF PROPER
PROPER HOUSEKEEPING

List ALL Personal Protective Equipment Required for the Job:

HARD HATS, EYE/EARL, STEEL TOE BOOTS, GLOVES, RESPIRATORS

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders

Elect. Cords

Lanyards

Other

Scaffold

Aerial Lifts

Power Tool

Respirators

Harnesses

HEPA Vacs

Lockout/Tagout Required: Yes

No

Asbestos-Containing Materials/Lead Hazards Identified:

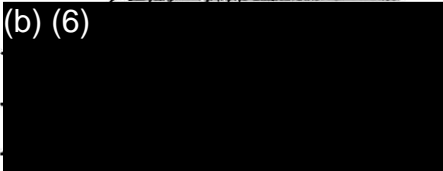
YES NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)

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This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Impact and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Chipping <input checked="" type="checkbox"/> Grinding <input type="checkbox"/> Riveting <input checked="" type="checkbox"/> Sawing <input type="checkbox"/> Drilling <input type="checkbox"/> Sanding <input checked="" type="checkbox"/> Flying Particles <input checked="" type="checkbox"/> Vibration <input checked="" type="checkbox"/> Sharp Objects <input checked="" type="checkbox"/> Chiseling <input type="checkbox"/> Propelled Devices <input type="checkbox"/> Collision <input checked="" type="checkbox"/> Metal Shavings <input checked="" type="checkbox"/> Hammering <input checked="" type="checkbox"/> Falling/Dropped Objects <input type="checkbox"/> Moving equipment with stationary objects <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Foot <input checked="" type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>	<p><u>Slips, Trips & Fall Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor <input type="checkbox"/> Uneven flooring, broken or missing grating <input type="checkbox"/> Steep ascent/descent ladders, ramps, etc. <input checked="" type="checkbox"/> Wet housekeeping, dirty areas <input type="checkbox"/> Air hoses, extension cords, tools, etc. <input type="checkbox"/> Personal fall protection <input type="checkbox"/> Spider, open ledges, etc. <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input checked="" type="checkbox"/> Foot/hands <input checked="" type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>	<p><u>Inhalation Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Dust/dirt <input checked="" type="checkbox"/> Insulation <input checked="" type="checkbox"/> Vapors/fumes <input type="checkbox"/> Buffing <input type="checkbox"/> Gases <input type="checkbox"/> Fly ash <input type="checkbox"/> Sandblasting <input type="checkbox"/> Coal <input type="checkbox"/> Other _____</p> <p>Confined Space</p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Permit <input type="checkbox"/> Does exist <input type="checkbox"/> No Permit</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Respiratory System <input checked="" type="checkbox"/> Face/eyes</p>
<p><u>Chemical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed _____</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Splash/contact <input type="checkbox"/> Thermal <input checked="" type="checkbox"/> Irritating/mist <input checked="" type="checkbox"/> Slip Hazard <input type="checkbox"/> Acid/caustic <input type="checkbox"/> Oil/fuel <input checked="" type="checkbox"/> Solvent <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input checked="" type="checkbox"/> Foot <input checked="" type="checkbox"/> Hands <input checked="" type="checkbox"/> Body <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Compression Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Heavy pipes <input type="checkbox"/> Skid trucks <input type="checkbox"/> Tow motors <input type="checkbox"/> Drums <input type="checkbox"/> Gas cylinders <input type="checkbox"/> Bulk rolls <input type="checkbox"/> Hydraulic rams/presses <input type="checkbox"/> Cranes <input type="checkbox"/> Rigging/load <input type="checkbox"/> Trains</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Foot/hands <input type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>	<p><u>Electrical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment <input type="checkbox"/> Overhead lines <input type="checkbox"/> Static field <input type="checkbox"/> Underground lines <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input checked="" type="checkbox"/> Foot/hand <input checked="" type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>
<p><u>Stored Energy Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Compressed air <input type="checkbox"/> Air cylids <input type="checkbox"/> Hydraulic cylinders <input type="checkbox"/> Compressed gas cylinders <input type="checkbox"/> Air operated equipment/tools <input type="checkbox"/> Rigging (under tension) <input checked="" type="checkbox"/> Unbalanced loads <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.) <input type="checkbox"/> Trapped liquids (water, steam) <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Foot <input checked="" type="checkbox"/> Hands <input checked="" type="checkbox"/> Body <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Thermal Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Steam <input type="checkbox"/> Flame <input type="checkbox"/> Welding <input type="checkbox"/> Sparks <input type="checkbox"/> Brazing <input type="checkbox"/> Chemical <input type="checkbox"/> Hot dipping <input type="checkbox"/> Grinding <input type="checkbox"/> Pouring casting <input type="checkbox"/> Extreme weather <input type="checkbox"/> Furnace operation <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Foot/hands <input type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>	<p><u>Light/Non-ionizing Radiation Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>Sources of Hazard</p> <p><input type="checkbox"/> Lasers <input type="checkbox"/> Brazing <input type="checkbox"/> Welding <input type="checkbox"/> Furnaces <input type="checkbox"/> Oxygen cutting <input type="checkbox"/> High intensity lighting <input type="checkbox"/> Heat tracing <input type="checkbox"/> Boiler x-rays <input type="checkbox"/> Radiation source <input type="checkbox"/> Hot work permits <input type="checkbox"/> Other _____</p> <p>Source of Hazard</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Foot/hands <input type="checkbox"/> Body <input type="checkbox"/> Face/eyes</p>