

**Safety Principles:**

- **Plan Every Job**
- **Anticipate Unexpected Events**
- **Use The Right Tool For The Job**
- **Use Procedures As Tools**
- **Isolate The Equipment**
- **Identify The Hazards**
- **Minimize The Hazards**
- **Protect The Person**
- **Assess People's Abilities**
- **Audit These Principles**

Does the task require use of, or potential exposure to, a hazardous substance, which is not normally handled by the employees? Yes \_\_\_\_\_ No \_\_\_\_\_

**Notes/Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**JOB INSPECTIONS (Supervisor, Foreman)**

Name of inspector(s): \_\_\_\_\_  
 \_\_\_\_\_

**Yes / No**

- 1. Prejob planning documents at worksite, up to date, and cover activities.
- 2. Housekeeping/tripping hazards
- 3. Drinking water/sanitation requirements
- 4. First-aid kits/AED
- 5. PPE (including fall protection)
- 6. Walking/working surfaces (floor openings, etc.)
- 7. Electrical cords and tools in good condition – GFCI used
- 8. Cranes/rigging (slings, shackles, inspections, pre-flights)
- 9. Flammable/combustible liquids (fire extinguishers, storage)
- 10. Hot Work (permits, fire watch)
- 11. MSDS/labels
- 12. Scaffold/ladders (tags, inspections)
- 13. Barricades/signs
- 14. Other (describe)
- 15. Overall condition of area acceptable/unacceptable?

**POST SAFETY TASK ASSIGNMENT**

1. Was anyone injured or did an unplanned incident occur today?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Was it reported to Contract Management?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
3. What problems did you have with today's work assignment?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What can we do to improve performance?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Miscellaneous concerns: \_\_\_\_\_  
 \_\_\_\_\_
6. Reviewed by:  
**Key Supervisor Signature:**  
 \_\_\_\_\_  
**Project Engineer Signature:**  
 \_\_\_\_\_  
**Safety Representative Signature:**  
 \_\_\_\_\_  
Employee(s) Assigned: \_\_\_\_\_ Badge/ID: \_\_\_\_\_  
 (signoff required)  
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**Plant Location:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Specific Project Location:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Sub – Tier Contractor(s):** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Key Supervisor:** \_\_\_\_\_

**Crew Leader:** \_\_\_\_\_

**EPCM Project Engineer:** \_\_\_\_\_

**Task Description:** \_\_\_\_\_

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**SAFETY  
 TASK  
 ASSIGNMENT**



**ZERO Incidents<sup>SM</sup>**

# SAFETY TASK ASSIGNMENT (STA)

One STA will be completed before each shift for **each** task. Post this STA in an obvious place during the length of the task. Each crewmember involved with the task will sign this STA. If deviation from safe work practice/procedure occurs, **WORK MUST BE STOPPED AND THE JSA/STA REVISED.**

### STA INSTRUCTIONS:

1. List job steps associated with task.
2. List hazards associated with job steps.
3. List safe work practices to eliminate the hazards
4. Conduct post safety meeting.
5. Submit completed STA to Contract Management after each shift.

Employee(s) Assigned:

Badge/ID:

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### (1) TASK STEPS

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### Personal Protective Equipment Required:

- |   |  |                                       |
|---|--|---------------------------------------|
| <b>Fall Protection</b>                                    | <b>Hand (Gloves)</b>                           |                                       |
| <input type="checkbox"/> Full-Body Harness                | <input type="checkbox"/> Leather               | <input type="checkbox"/> Rubber       |
| <input type="checkbox"/> Retractable                      | <input type="checkbox"/> Welding               | <input type="checkbox"/> High Voltage |
| <input type="checkbox"/> Other Systems                    | <input type="checkbox"/> Neoprene              | <input type="checkbox"/> Kevlar       |
| <b>Eye/Face</b>   |  |                                       |
| <input type="checkbox"/> Safety glasses with side-shields |  |                                       |
| <input type="checkbox"/> Goggles                          | <input type="checkbox"/> Monogoggles           |                                       |
| <input type="checkbox"/> Welding Hood                     | <input type="checkbox"/> Face Shield           |                                       |
| <b>Respirator</b>   |  |                                       |
| <input type="checkbox"/> Qualified                        | <input type="checkbox"/> Respirator Type _____ |                                       |
| <b>Foot</b>   |  |                                       |
| <input type="checkbox"/> Safety-Toed Boots                | <input type="checkbox"/> Metatarsal            |                                       |
| <b>Head</b>   |  |                                       |
| <input type="checkbox"/> Hard Hat                         |  |                                       |
| <b>Hearing Protection</b>                                 |  |                                       |
| <input type="checkbox"/> Ear Plugs                        | <input type="checkbox"/> Ear Muffs             |                                       |
| <b>Clothing</b>   |  |                                       |
| <input type="checkbox"/> Natural Fiber                    | <input type="checkbox"/> Fire Retardant (FR)   |                                       |
| <input type="checkbox"/> Chemical Resistant               |  |                                       |
| Other PPE required: _____                                 |  |                                       |

### Competent Persons Required:

- Crane Operator
- Forklift Operator
- Mobile Equipment Operator
- Vehicle Operator
- Powder-Actuated Tool User
- Excavations
- Scaffolds
- Ladders
- Confined Spaces
- Other (specify)
- Lead/Asbestos

### (2) IDENTIFIED HAZARDS

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### Permits and Practices Required:

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| <input type="checkbox"/> Hot Work                  | <input type="checkbox"/> Barricades   |
| <input type="checkbox"/> Lock/Tag/Verify           | <input type="checkbox"/> Aerial lifts |
| <input type="checkbox"/> Excavation                | <input type="checkbox"/> MSDS         |
| <input type="checkbox"/> Energized Electrical Work |                                       |
| <input type="checkbox"/> Confined Space            |                                       |
| <input type="checkbox"/> Crane Lift                |                                       |
| <input type="checkbox"/> Roof Access               |                                       |
| <input type="checkbox"/> Environmental Compliance  |                                       |
| <input type="checkbox"/> Other (specify) _____     |                                       |

### General Employee Safety Concerns: Answer the following questions Yes, No, or N/A:

- a. Should a Safety Rep be involved in the planning of this job? \_\_\_\_\_
- b. Could weather conditions affect the safe performance of this task? \_\_\_\_\_
- c. Have all tools, electrical cords, rigging, and safety equipment been inspected? \_\_\_\_\_
- d. Has a material storage area been identified and approved? \_\_\_\_\_
- e. Have all scaffolds and ladders been inspected? Have scaffold tags been signed? \_\_\_\_\_
- f. Is a fire watch or confined space attendant required? \_\_\_\_\_
- g. Do you know how to summon help? \_\_\_\_\_
- h. Housekeeping conditions? \_\_\_\_\_
- i. Have areas been identified as requiring fall protection systems and have they been installed? \_\_\_\_\_
- j. Are flammable/combustible materials stored, separated, and secured? \_\_\_\_\_
- k. Who is the Plant Operations contact? \_\_\_\_\_

### (3) SAFE WORK PRACTICES

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