

Wieland-Davco Safety Task

Assessment

(Discuss applicable items prior to task)

YES	NO	N/A	GENERAL SAFETY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRST AID	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVACUATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAZARD COMMUNICATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SLOPING OR SHORING, TERRACE, TRENCH BOX	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEAREST SAFETY SHOWER/EYEWASH	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCESS/EGRESS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATERIAL STORAGE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT INSPECT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIGNS, SIGNALS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FALL PROTECTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEATHER HAZARDS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REBAR PROTECTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BARRICADES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEAREST FIRE EXTINGUISHER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	WELDING / BURNING / CUTTING	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEMS DRAINED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE EXTINGUISHER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER HOSE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLASH BACK ARRESTORS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CERTIFIED FIRE WATCH IN PLACE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELDING SCREENS IN PLACE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELDING LEADS IN GOOD CONDITION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	LADDERS AND SCAFFOLDS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPER FOOTING	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LADDER TIED OFF	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLATFORM CONST.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HANDRAILS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MIDRAILS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOEBOARDS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCAFFOLDS TAGS CURRENT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LADDER TAGS CURRENT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	PERMITS / PROCEDURES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BARRICADES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOT WORK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONFINED SPACE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCKOUT / TAGOUT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCAVATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIFT TICKET	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	STEEL ERECTION / MATERIAL HOISTING	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIGGING INSPECTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TAGLINES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR LOAD REQUIREMENTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIFTING PLANS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ERECTION PLAN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRANE OPERATIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	ELECTRICAL / TOOLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUND FAULT SYSTEM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR CODING	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAILY INSPECTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	MATERIAL HANDLING	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPER BODY POSITION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPER LIFTING METHODS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIFTING DEVICES NEEDED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADEQUATE MANPOWER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIFTING OVER 50 LBS.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% TIE OFF/HARNESS WITH LANYARDS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORANGE VEST	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATOR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEATHER GLOVES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROTECTIVE SLEEVES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING PROTECTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY GLASSES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FACE SHIELD	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HARD HAT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY SHOES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	POST JOB REQUIREMENTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCKOUT LOCKS REMOVED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOUSEKEEPING COMPLETED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERMITS TURNED IN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPSA PRE-TASK TURNED IN DAILY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

Contractor: _____

Foreman: _____

Contract: _____

Date: ____ / ____ / ____

Task Location: _____

Task Description: _____

YES	NO	N/A	EMPLOYEE CERTIFICATIONS REQUIRED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRANE OPERATOR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIGGER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FORKLIFT OPERATOR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POWDER ACTUATED TOOLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOOM / SCISSOR LIFTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMPETENT PERSON – FALL PROTECTION, SCAFFOLD, EXCAVATIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

YES	NO	N/A	HAZARDS IDENTIFIED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL BURNS – FLAMMABLE / COMBUSTIBLE MATERIALS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THERMAL BURNS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSECTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARTICLES IN EYES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAT STRESS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLD TEMPERATURES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATED WORK – FALLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SLIPS, TRIPS, FALLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OVERHEAD WORK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INHALATION OF HAZ. SUBSTANCES / CHEMICALS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELECTROCUTION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPILLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ABRASIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	
% SAFE			# YES/SAFE	# NO/UNSAFE

GRAND TOTALS:
% SAFE _____ **# SAFE** _____ **# UNSAFE** _____

