



SAFETY TASK ASSESSMENT NON-ROUTINE TASK

Plant	Plant Mgr./Supervisor
Date	Description
Is there a specific procedure required for the task? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special training required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list procedures	List and verify specialized training

NON-ROUTINE TASK EVALUATION

HOUSEKEEPING	
<input type="checkbox"/>	Keep work area and access clear
<input type="checkbox"/>	Clean work area daily
FALL PROTECTION	
<input type="checkbox"/>	100% tie off, where fall hazard exists
<input type="checkbox"/>	Lifeline installed
<input type="checkbox"/>	Full body harness/lanyard
<input type="checkbox"/>	Equipment inspected prior to use
LIFTING	
<input type="checkbox"/>	Lift with legs and back straight
<input type="checkbox"/>	Get help with heavy loads
<input type="checkbox"/>	Use material handling equipment
LADDERS	
<input type="checkbox"/>	Tie off ladder using 4 to 1 rule
<input type="checkbox"/>	Face ladder when climbing
<input type="checkbox"/>	Use both hands when climbing (3 point rule)
<input type="checkbox"/>	Extend ladder 36" above landing
<input type="checkbox"/>	Use handline to raise/lower tools
<input type="checkbox"/>	One employee on ladder at a time
GUARDING / PINCHPOINTS	
<input type="checkbox"/>	Wear gloves, when required
<input type="checkbox"/>	Be aware of swing radius of machinery
<input type="checkbox"/>	Proper use of guards
<input type="checkbox"/>	Start up horns/emergency stop cords
LOCKOUT / TAG OUT	
<input type="checkbox"/>	The equipment has been properly locked out
<input type="checkbox"/>	Drained, vented and energy released
<input type="checkbox"/>	Proper documentation completed
CONFINED SPACE ENTRY	
<input type="checkbox"/>	All employees trained
<input type="checkbox"/>	Confined space evaluated prior to entry
<input type="checkbox"/>	Rescue/retrieval equipment available
<input type="checkbox"/>	Communication between attendant/entrant
<input type="checkbox"/>	Special considerations (i.e. respiratory protection, permit, etc.)

RIGGING	
<input type="checkbox"/>	Inspect rigging before each use
<input type="checkbox"/>	Do not work under suspended load
<input type="checkbox"/>	Proper use of tagline/positioning pole
<input type="checkbox"/>	Do not exceed load limits
<input type="checkbox"/>	Check tags on chokers for load limits
POWER / HAND TOOLS	
<input type="checkbox"/>	Use guards/handles
<input type="checkbox"/>	Wear eye/ear protection as required
<input type="checkbox"/>	GFCI or double insulated cords/tools
<input type="checkbox"/>	Unplug tools when not in use
<input type="checkbox"/>	Proper tool for the job
<input type="checkbox"/>	Inspect tools daily and before use
WELDING / BURNING	
<input type="checkbox"/>	Wear gloves/protective clothing
<input type="checkbox"/>	Use cutting goggles
<input type="checkbox"/>	Use and inspect fire extinguisher
<input type="checkbox"/>	Ground welding machine
<input type="checkbox"/>	Post "Hot Work" permit, if required
<input type="checkbox"/>	Move/cover combustible materials
<input type="checkbox"/>	Leads inspected prior to use for damage
PERSONAL PROTECTIVE EQUIPMENT	
<input type="checkbox"/>	Hard hat, safety glasses, and steel toed boots
<input type="checkbox"/>	Proper gloves, when required
<input type="checkbox"/>	Hearing protection, when required
<input type="checkbox"/>	Respirator/dust mask, when required
<input type="checkbox"/>	Goggles/Face shield, when required
WELLNESS MESSAGE	
OTHER	

