OPERATIONS START CARD

JOB HAZARD ANALYSIS

EXECUTION EXPECTATIONS

This JHA is completed for each operation before work begins. The crew performing the work reviews the operation, identifies hazards, verifies required safeguards, and re-evaluates the plan if conditions or work methods change. Stanley may draft and organize the JHA, but field-specific safeguards must be verified by the responsible supervisor / competent or qualified person.

OWNERSHIP / OPERATION INFORMATION

Date: _____

Project: _____

Operation: _____

Work Location: _____

Superintendent: _____

Foreman / FLS: _____

On-Site Emergency Contact: _____

Emergency Contact Number: _____

Crew Signatures / Acknowledgment

_____

_____

_____

_____

STANLEY STATUS [ ] READY / VERIFIED [ ] PENDING [ ] HOLD - SAFEGUARD NOT VERIFIED

1 OPERATION STEPS

Add each step of the operation. For every step, identify what could kill us, what could hurt us, and the safeguards that will prevent the injury. If a Life-Saving Action risk is identified, complete the applicable Safeguard Verification checklist.

STEP 1	**Step / task:**	**What could hurt us?**
	What could kill us?	**How will we prevent the hurt?**
	SAFEGUARD VERIFICATION COMPLETED? Y [ ] N [ ] N/A [ ]	

STEP 2	**Step / task:**	**What could hurt us?**
	What could kill us?	**How will we prevent the hurt?**
	SAFEGUARD VERIFICATION COMPLETED? Y [ ] N [ ] N/A [ ]	

STEP 3	**Step / task:**	**What could hurt us?**
	What could kill us?	**How will we prevent the hurt?**
	SAFEGUARD VERIFICATION COMPLETED? Y [ ] N [ ] N/A [ ]	

STEP 4	**Step / task:**	**What could hurt us?**
	What could kill us?	**How will we prevent the hurt?**
	SAFEGUARD VERIFICATION COMPLETED? Y [ ] N [ ] N/A [ ]	

2 OTHER POTENTIAL FATAL RISKS AND SAFEGUARDS

What other risk(s) could cause a fatality?

List any additional safeguards:

3 TOOLS AND EQUIPMENT

What tools and equipment are we using for this operation?

What training / qualification is required for this operation?

What will be done to prevent injuries from tools and/or equipment?

4 ADDITIONAL HAZARD PLANNING / CONTROL(S)

ADJACENT OPERATIONS
Are there adjacent crews and/or operations that we need to coordinate with? Y [ ] N [ ] N/A [ ]

ACCESS
What is the safe access / egress for this operation?

EYE INJURIES
Risk: _____ Special PPE / Prevention: _____

HAND INJURIES
Risk: _____ Special PPE / Prevention: _____

OTHER SPECIAL PPE
Respiratory / hearing / task-specific PPE: _____

MUSCLE STRAIN
What muscle strain injuries are possible for this operation?

PERMITS
Are any permits required (excavation, confined space, utility, fall protection, etc.)?

CREW CHECK

What motivates you to work safe?

Are you and everyone around you physically and mentally prepared to do today's work? Y [ ] N [ ]

Did everyone actively engage in stretch and flex? Y [ ] N [ ]

Excellence in Safety & Best Cost: What can we do to improve safety and make this operation more efficient?

I am committed: if there is a change in the operation, we will stop and re-evaluate our plan before moving forward.	**INITIAL IF YES** [ ]

HUMAN EQUIPMENT INTERACTION

Any task / unplanned event where people are present or could be present around trucks, equipment, or motor vehicles.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Have separate access routes been established for equipment and personnel, with barriers or protective controls where needed?
[ ]	[ ]	[ ]	Are required safety devices installed and working (seat belts, backup alarms, cameras, etc.)?
[ ]	[ ]	[ ]	Are spotters required, and if so, are they trained, equipped and positioned?
[ ]	[ ]	[ ]	Are workers protected from blind spots and crush points?
[ ]	[ ]	[ ]	Has the operator been trained / designated for the specific equipment?
[ ]	[ ]	[ ]	Are ground personnel obtaining positive visual confirmation before approaching operating equipment?

FLS VERIFICATION: _____

CONFINED SPACES

Any task / unplanned event involving a confined space.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Has a Competent Person reviewed and signed off on the assessment / permit?
[ ]	[ ]	[ ]	Is there safe access into and out of the space?
[ ]	[ ]	[ ]	Have anticipated atmospheric conditions and changes been accounted for?
[ ]	[ ]	[ ]	Is a rescue plan in place and understood by the crew?
[ ]	[ ]	[ ]	Has the rescue team been assigned / notified and rescue equipment prepared?
[ ]	[ ]	[ ]	Is there an effective communication plan between entrants and attendants?
[ ]	[ ]	[ ]	Is the confined space identified and protected from unauthorized entry?
[ ]	[ ]	[ ]	Have entry supervisor, entrants and attendants received required training?

FLS VERIFICATION: _____

LIFTING AND RIGGING

Any task / unplanned event with rigging or material failure while rigging or moving material.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Is the load positioned / secured so it can be rigged or lifted safely?
[ ]	[ ]	[ ]	Is a designated signal person assigned where required?
[ ]	[ ]	[ ]	Has a communication method been established?
[ ]	[ ]	[ ]	Is rigging rated for the load being hoisted?
[ ]	[ ]	[ ]	Has rigging been inspected and found in good condition?
[ ]	[ ]	[ ]	Has the center of gravity been identified for the load?
[ ]	[ ]	[ ]	Are rigging and slings protected from sharp or abrasive edges?
[ ]	[ ]	[ ]	Are proper pick points identified and utilized?
[ ]	[ ]	[ ]	Is the lift plan being followed where required?

FLS VERIFICATION: _____

TRENCHING & EXCAVATION

Any task / unplanned event while employees are working in or around a trench or excavation.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Have overhead, underground and penetration utilities been visibly marked?
[ ]	[ ]	[ ]	Has the required excavation permit / log been completed for the work area?
[ ]	[ ]	[ ]	Has the soil been classified by a Competent Person?
[ ]	[ ]	[ ]	For deep excavations, has the required trench log / inspection been verified by a Competent Person?
[ ]	[ ]	[ ]	Are materials, equipment and spoils maintained the required distance from the edge?
[ ]	[ ]	[ ]	Are slopes, shoring or trench boxes installed properly?
[ ]	[ ]	[ ]	Are workers protecting themselves from crush points?
[ ]	[ ]	[ ]	Is safe access / egress provided within the required travel distance?
[ ]	[ ]	[ ]	Is the slope face clear of loose material?

FLS VERIFICATION: _____

CRANES

Any task / unplanned event involving cranes.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Is the crane operator authorized and designated for the specific crane?
[ ]	[ ]	[ ]	Was the required crane move / setup checklist completed?
[ ]	[ ]	[ ]	Is the crane set up properly on firm level ground with required cribbing and clearances?
[ ]	[ ]	[ ]	Is the applicable lift plan complete and accurate for the lift?
[ ]	[ ]	[ ]	Are powerlines identified and controlled?
[ ]	[ ]	[ ]	Is a qualified rigger and designated signal person part of the operation?
[ ]	[ ]	[ ]	Are weather restrictions being followed?
[ ]	[ ]	[ ]	Is the correct load chart being used to determine capacity?

FLS VERIFICATION: _____

MAINTENANCE OF TRAFFIC

Any task / unplanned event involving workers exposed to traffic and the traveling public.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Is there an approved traffic control plan in place?
[ ]	[ ]	[ ]	Is there a plan to protect workers and third parties from live traffic?
[ ]	[ ]	[ ]	Are equipment / vehicles being used as protection where required?
[ ]	[ ]	[ ]	Are traffic control devices regularly inspected and repaired?
[ ]	[ ]	[ ]	Are workers wearing required PPE?
[ ]	[ ]	[ ]	Is safe access provided for all parties?
[ ]	[ ]	[ ]	Are employees trained to properly enter and exit the closure?

FLS VERIFICATION: _____

UTILITIES: OVERHEAD, UNDERGROUND & PENETRATIONS

Any task / unplanned event involving a utility strike or close call.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Are required permits completed and reviewed with the crew prior to starting?
[ ]	[ ]	[ ]	Do supervision and the operator understand utility clearance requirements and have they walked the area?
[ ]	[ ]	[ ]	Are utilities marked / flagged and, where possible, de-energized or shielded?
[ ]	[ ]	[ ]	Are spotters required and, if so, trained and equipped?
[ ]	[ ]	[ ]	Does the crew understand the emergency actions required if a utility strike occurs?

FLS VERIFICATION: _____

ENERGY ISOLATION / LOTO / STORED ENERGY

Any task / unplanned event involving release of kinetic, mechanical, thermal, hydraulic, gravitational, electrical or other stored energy.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Have hazardous or residual stored energy sources been identified, released and/or restrained?
[ ]	[ ]	[ ]	Is the equipment isolated from all energy sources, including back feeds?
[ ]	[ ]	[ ]	Are employees protected from energized systems?
[ ]	[ ]	[ ]	Has a zero-energy state been verified before work?
[ ]	[ ]	[ ]	Is correct PPE being worn for the operation?
[ ]	[ ]	[ ]	Have affected personnel been trained?
[ ]	[ ]	[ ]	Have remaining stored energy hazards and line-of-fire areas been identified and controlled?

FLS VERIFICATION: _____

TEMPORARY STRUCTURES (TSCD)

Any task / unplanned event involving partial, full or possible failure of a temporary structure.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Are current drawings available in the field with the crew?
[ ]	[ ]	[ ]	Has the temporary structure been built as shown in the drawings?
[ ]	[ ]	[ ]	If changed, has the Designer approved the change in writing?
[ ]	[ ]	[ ]	Are critical components plumb, level, fully engaged and secured?
[ ]	[ ]	[ ]	Were required inspections completed and satisfactory?

FLS VERIFICATION: _____

WORKING AT HEIGHTS: FALL PROTECTION / DROPPED OBJECTS

Any task / unplanned event that could result in a fall or dropped object.

YES	NO	N/A	SAFEGUARD VERIFICATION QUESTION
[ ]	[ ]	[ ]	Are tools and materials secured using approved tethers / controls where required?
[ ]	[ ]	[ ]	Have tool tethers and dropped-object controls been inspected?
[ ]	[ ]	[ ]	Is the area below controlled / barricaded where required?
[ ]	[ ]	[ ]	Are handrails / floor openings / holes properly protected?
[ ]	[ ]	[ ]	Is the company fall protection permit / plan in place and being followed?
[ ]	[ ]	[ ]	Are approved anchorage points identified and used?
[ ]	[ ]	[ ]	Do workers have adequate fall clearance?
[ ]	[ ]	[ ]	Is fall-protection equipment inspected and in good condition?
[ ]	[ ]	[ ]	Have users received required fall-arrest training?

FLS VERIFICATION: _____

STANLEY JHA REVIEW

AI COMPLETENESS / FIELD VERIFICATION

CHECK	STANLEY COMPLETENESS REVIEW
[ ]	All operation steps identified
[ ]	Fatal and injury hazards identified
[ ]	Applicable safeguard checklists completed
[ ]	Required Competent / Qualified Person verification completed
[ ]	Equipment and operator assignments confirmed
[ ]	Training / qualification requirements reviewed
[ ]	Required permits confirmed
[ ]	Crew acknowledgment / signatures complete
[ ]	Changes in conditions evaluated and documented

Outstanding items / Stanley prompts:

FINAL FIELD VERIFICATION

FLS / Foreman: _____ **Date / Time:** _____

Competent / Qualified Person (if applicable): _____ **Date / Time:** _____

Superintendent: _____ **Date / Time:** _____

IMPORTANT: Stanley may help draft, organize and check completeness. Final hazard recognition and safeguard verification must be performed by responsible field personnel based on actual conditions at the work location.