

## DAILY TASK HAZARD ANALYSIS

**Company Name:**  
**Supervisor's Name:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_  
**Job Description:** \_\_\_\_\_

**Location of Work:** \_\_\_\_\_  
**Number of Employees Assigned:** \_\_\_\_\_  
 Is special safety training required for this task? Have all  
 Employees received this training? If Yes, please explain:

Yes     No    List Topic: \_\_\_\_\_

Personal Protective Equipment (PPE)	PPE Required		Type
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Eye / Face	<input type="checkbox"/>	<input type="checkbox"/>	
Respirator	<input type="checkbox"/>	<input type="checkbox"/>	
Foot / Toe	<input type="checkbox"/>	<input type="checkbox"/>	
Hand	<input type="checkbox"/>	<input type="checkbox"/>	
Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

PRE-JOB PLANNING CHECKLIST	
<input type="checkbox"/> Job scope fully understood	
<input type="checkbox"/> Proper PPE on hand and being used	
<input type="checkbox"/> Equipment is cleared, de-energized and ready/safe	
<input type="checkbox"/> Others in the area notified of work to take place	
<input type="checkbox"/> Tools and scaffolding in good condition	
<input type="checkbox"/> Equipment inspected prior to use	
<input type="checkbox"/> Chemical hazards are fully understood (MSDS's)	
<input type="checkbox"/> Safety shower and eye wash, located/checked	
<input type="checkbox"/> Is our work area free of any at-risk conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Emergency and rescue equipment is on sight	
<input checked="" type="checkbox"/> All permits are completed prior to performing any work	

HAZARD CONTROL CHECKLIST	
<input type="checkbox"/> Use Proper Positioning	<input type="checkbox"/> Proper Slope/Shoring
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Barricade the Area
<input type="checkbox"/> Dust Controls	<input type="checkbox"/> Ventilate the Area
<input type="checkbox"/> Check Low Pressure Bleeds	<input type="checkbox"/> Get a Ladder or Scaffold
<input type="checkbox"/> Verify Line / Equipment ID	<input type="checkbox"/> Fire Blanket: Spark Control
<input type="checkbox"/> Use Mechanical Assistance for Lifting	<input type="checkbox"/> Put Yellow tape on Trip /Pinch Hazards
<input type="checkbox"/> Verify that all potential energy sources have been isolated and/ or released	

POTENTIAL HAZARDS CHECKLIST	
<input type="checkbox"/> Chemical Burns	<input type="checkbox"/> Sharp Edges, Cuts
<input type="checkbox"/> Thermal Burns (Hot/Cold)	<input type="checkbox"/> Flammable Materials
<input type="checkbox"/> Toxic Chemicals	<input type="checkbox"/> Flying Particles
<input type="checkbox"/> Tight Work Quarters	<input type="checkbox"/> Heavy Lifting
<input type="checkbox"/> Cold or Hot Environment	<input type="checkbox"/> Overhead Work
<input type="checkbox"/> Electrical Shock/Flash	<input type="checkbox"/> Elevated Work
<input type="checkbox"/> Awkward Body Position	<input type="checkbox"/> Loud Noises
<input type="checkbox"/> Dust or Chemical Odors	<input type="checkbox"/> Fall Hazard/Falling Objects
<input type="checkbox"/> Inert Atmosphere	<input type="checkbox"/> Cave-in
<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Slippery Surfaces
<input type="checkbox"/> Stored Energy	<input type="checkbox"/> Uneven Surfaces
<input type="checkbox"/> Trapped Pressure	<input type="checkbox"/> Trip Hazards
<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Radiation Source

PROJECT COMPLETION CHECKS		
Hot Work Permit Removed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lock and Tags Removed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Area Clean and Ready	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Permits Removed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Task Completed Safety	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Other specific instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROCEDURES/PERMIT REQUIRED	Yes	No	N/A
Scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Breaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Safety and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lock-Out & Tag-Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Lift Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Signatures:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE 3 CORRECTIVE SAFETY ACTIONS TAKEN TODAY!		
ITEM	ACTION TAKEN	BY WHOM
1		
2		
3		

- KEY FOR ACTION TAKEN**
1. FIXED ISSUE
  2. RED-TAGGED / REMOVED FROM SERVICE
  3. REPORTED TO SUPERVISOR / SAFETY
  4. ON THE SPOT TRAINING / MENTORING
  5. REPORTED ISSUE TO GENERAL CONTRACTOR