

SAFE PLAN OF ACTION

Safe Plan of Action Checklist (check all that apply)

(Review checklist while completing front page Safe Plan of Action) A new SPA is required if the job scope or work conditions change.

Required Permits	Hazards	Safe Plan
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Power de-energization required <input type="checkbox"/> Insulation blankets required <input type="checkbox"/> Wire watcher required
<input type="checkbox"/> Critical Lift		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Crane or other	<input type="checkbox"/> Signalman assigned <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Area around crane barricaded
<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Lifting Equipment	<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Soil Disturbance (Over 12")	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Reviewed as-builts <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received dig permit
<input type="checkbox"/> Utility Clearance		Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone Marked
Required PPE	<input type="checkbox"/> Electrical	<input type="checkbox"/> Lock Out/Tag Out/Try Out Permit required? <input type="checkbox"/> Confirm that equipment is de-energized
<input type="checkbox"/> Hard Hat, Class C		<input type="checkbox"/> Reviewed electrical safety procedures
<input type="checkbox"/> Hard Hat, Class E (<i>Elect. Protect</i>)	<input type="checkbox"/> Excavations	<input type="checkbox"/> Permits <input type="checkbox"/> Inspected prior to entering <input type="checkbox"/> Proper sloping/shoring
<input type="checkbox"/> Ear Plugs/Ear Muffs		<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water
Eye Protection:	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire watch
<input type="checkbox"/> Safety Glasses		<input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Unnecessary flammable material removed
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Vehicular Traffic or Heavy Equipment	<input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure
<input type="checkbox"/> Chemical Goggles		<input type="checkbox"/> Communication with equipment operator
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Noise >85 dB	Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
Hand Protection:	<input type="checkbox"/> Hand & Power Tools:	<input type="checkbox"/> Inspect general conditions. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool
<input type="checkbox"/> Cut Resistant Gloves		<input type="checkbox"/> Reviewed safety requirements in operators manual(s) <input type="checkbox"/> Guarding OK
<input type="checkbox"/> Welders Gloves	<input type="checkbox"/> Hand Hazards	List sharp tools, material, equipment: _____
<input type="checkbox"/> Nitrile Gloves		<input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary
<input type="checkbox"/> Surgical Gloves	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Rubber Gloves		<input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts
<input type="checkbox"/> Elect. Insulated Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Inspect general conditions before use <input type="checkbox"/> Ladder inspected with in last quarter
<input type="checkbox"/> Arm Sleeves		<input type="checkbox"/> Ladder tied off or held <input type="checkbox"/> Proper angle and placement <input type="checkbox"/> Reviewed ladder safety
Foot Protection:	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Inspect general condition before use. <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured
<input type="checkbox"/> Sturdy Work Boots		<input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate <input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Safety Toe Boots	<input type="checkbox"/> Slips, Trips Falls	<input type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored
<input type="checkbox"/> Rubber Boots		<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris
<input type="checkbox"/> Rubber Boot Covers	<input type="checkbox"/> Pinch Points	List potential pinch points: _____
<input type="checkbox"/> Dielectric Footwear		<input type="checkbox"/> Working near operating equipment <input type="checkbox"/> Hand/Body positioning
Respiratory. Protection:	<input type="checkbox"/> Working w/ Chemicals	<input type="checkbox"/> The task creates potential for direct contact with hazardous chemicals.
<input type="checkbox"/> Dust Mask		<input type="checkbox"/> Reviewed MSDS hazards and precautions <input type="checkbox"/> Have proper containers and labels.
<input type="checkbox"/> Air Purifying Respirator	<input type="checkbox"/> Heat Stress Potential	<input type="checkbox"/> Have identified proper PPE (respirators, clothing, gloves, etc.)
<input type="checkbox"/> Supplied Air Respirator		<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Liquids available <input type="checkbox"/> Cool down periods
<input type="checkbox"/> SCBA	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Sun Screen <input type="checkbox"/> Reviewed Heat Stress symptoms
<input type="checkbox"/> Emergency Escape Respirator		<input type="checkbox"/> Proper clothing (i.e.. gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
Special Clothing:	<input type="checkbox"/> Environmental	<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods
<input type="checkbox"/> Tyvek ®		<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<input type="checkbox"/> Poly Coated Tyvek ®	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
<input type="checkbox"/> Fire Resistant Coveralls		<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> Adjacent Work/Processes and/or co occupancy	<input type="checkbox"/> Animals/reptiles/insects hazards
<input type="checkbox"/> Safety Vest		<input type="checkbox"/> Notified them of our presents <input type="checkbox"/> Other workers adjacent, above, or below.
Fall Protection:	<input type="checkbox"/> Barricades/covers	<input type="checkbox"/> Coordinated with adjacent work supervisor/customer operator <input type="checkbox"/> Can work safely
<input type="checkbox"/> Harness		<input type="checkbox"/> Caution barricade tape required <input type="checkbox"/> Danger barricade tape required <input type="checkbox"/> Rigid railing required
<input type="checkbox"/> Double Lanyard Required		<input type="checkbox"/> Covers over opening <input type="checkbox"/> Warning signs required
<input type="checkbox"/> Anchorage Point Available		Additional Information:
<input type="checkbox"/> Additional Anchorage Connector Needed e.g. Cross Arm Strap, etc.		
<input type="checkbox"/> Retractable Device Needed		

