

Job/Task:

Work Area:

Date:

The following Tasks will include the “OSHA Big Four”: ☐ Falls/Elevated Work, ☐ Struck By, ☐ Caught In/Between, ☐ Electrical

Steps of Task	Hazard/Reaction to Change	Safe Plan	Resources

TEAM MEMBERS’ SIGNATURES

The signature of the supervisor confirms the completion of the hazard assessment and Safe Plan of Action by the crew.

Supervisors Signature: \_\_\_\_\_

Reviewed By PM/CM: \_\_\_\_\_

INSTRUCTIONS: 1. Write name of the job or task in the space provided. 2. Conduct a walk-through survey of work area. 3. Write the steps of the task in a safe sequence. 4. List all possible hazards involved in each step and reaction to change. 5. In the Safe Plan column, state the actions that will be taken to prevent the hazards and injury from reaction to failure. 6. In the Resources column, list safety equipment and tools, etc. needed to do the job. 7. Ask each team member, who helped develop and will use this SPA, to sign in the spaces provided. 8. Review the SPA at the end of the task for improvements. 9. PM/CM/CA will review and sign the SPA. 10. Other Foremen and Visitors review and acknowledge with initials in the lower margin potential Hazards and Controls in the work space

NOTE: Work shall stop when conditions change, the job changes, or a deficiency in the plan is discovered, and the current SPA will be modified or a new SPA created.

Foremen and Visitors Acknowledgement Initials: \_\_\_\_\_

## Safe Plan of Action Checklist (check all that apply)

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

### SANITATION / FOOD SAFETY FOR CONSTRUCTION

- ☐ Pre-Construction Risk Assessment completed per Contractor Work Rules
- ☐ Requirements of Food Safety for Construction & Major Maintenance Activities are included and adopted for the work
- ☐ Segregate construction from open product and other activities within the facility
- ☐ Atomizing dust or water
- ☐ Microbiological Risk
- ☐ Equipment / material being transported thru facility
- ☐ Waste contained
- ☐ Work done on potable water meets applicable codes
- ☐ Hollow areas sealed / no niches
- ☐ Wood not mobilized into the construction area
- ☐ Pipe and conduit mobilized into the construction area is clean (ID & OD) and capped
- ☐ Construction materials have appropriate packaging
- ☐ Sanitizing Protocol
- ☐ Personal Hygiene