



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Cut and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Chipping      <input checked="" type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiselling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><b><u>Confined Space</u></b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: black;">(b) (6)</span></p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Chipping</td> <td><input type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input checked="" type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flying Particles</td> <td><input checked="" type="checkbox"/> Vibration</td> <td><input checked="" type="checkbox"/> Chiseling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input checked="" type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal Shavings</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Falling/Dropped Objects</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Moving equipment with stationary objects</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Chipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Riveting	<input checked="" type="checkbox"/> Sawing	<input checked="" type="checkbox"/> Drilling	<input type="checkbox"/> Sanding	<input checked="" type="checkbox"/> Flying Particles	<input checked="" type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Chiseling	<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering	<input type="checkbox"/> Propelled Devices			<input checked="" type="checkbox"/> Metal Shavings			<input checked="" type="checkbox"/> Falling/Dropped Objects			<input type="checkbox"/> Moving equipment with stationary objects			<input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Wet, greasy, icy floor</td> </tr> <tr> <td><input type="checkbox"/> Uneven flooring, broken or missing grating</td> </tr> <tr> <td><input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Poor housekeeping, dirty areas</td> </tr> <tr> <td><input type="checkbox"/> Air hoses, extension cords, tools, etc.</td> </tr> <tr> <td><input type="checkbox"/> Personal fall protection</td> </tr> <tr> <td><input type="checkbox"/> Spider, open ledges, etc.</td> </tr> <tr> <td><input type="checkbox"/> Poor lighting</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Wet, greasy, icy floor	<input type="checkbox"/> Uneven flooring, broken or missing grating	<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.	<input checked="" type="checkbox"/> Poor housekeeping, dirty areas	<input type="checkbox"/> Air hoses, extension cords, tools, etc.	<input type="checkbox"/> Personal fall protection	<input type="checkbox"/> Spider, open ledges, etc.	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Dust/dirt</td> <td><input checked="" type="checkbox"/> Insulation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Vapors/fumes</td> <td><input type="checkbox"/> Buffing</td> </tr> <tr> <td><input type="checkbox"/> Gases</td> <td><input type="checkbox"/> Fly ash</td> </tr> <tr> <td><input type="checkbox"/> Sandblasting</td> <td><input type="checkbox"/> Coal</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Confined-Space</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Does not exist</td> <td><input type="checkbox"/> Permit</td> </tr> <tr> <td><input type="checkbox"/> Does exist</td> <td><input type="checkbox"/> No Permit</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Respiratory System</td> </tr> <tr> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation	<input checked="" type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing	<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Does not exist	<input type="checkbox"/> Permit	<input type="checkbox"/> Does exist	<input type="checkbox"/> No Permit	<input checked="" type="checkbox"/> Respiratory System	<input type="checkbox"/> Face/eyes						
<input checked="" type="checkbox"/> Chipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Riveting																																																																		
<input checked="" type="checkbox"/> Sawing	<input checked="" type="checkbox"/> Drilling	<input type="checkbox"/> Sanding																																																																		
<input checked="" type="checkbox"/> Flying Particles	<input checked="" type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Chiseling																																																																		
<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering																																																																		
<input type="checkbox"/> Propelled Devices																																																																				
<input checked="" type="checkbox"/> Metal Shavings																																																																				
<input checked="" type="checkbox"/> Falling/Dropped Objects																																																																				
<input type="checkbox"/> Moving equipment with stationary objects																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot																																																																			
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Wet, greasy, icy floor																																																																				
<input type="checkbox"/> Uneven flooring, broken or missing grating																																																																				
<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.																																																																				
<input checked="" type="checkbox"/> Poor housekeeping, dirty areas																																																																				
<input type="checkbox"/> Air hoses, extension cords, tools, etc.																																																																				
<input type="checkbox"/> Personal fall protection																																																																				
<input type="checkbox"/> Spider, open ledges, etc.																																																																				
<input type="checkbox"/> Poor lighting																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands																																																																			
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation																																																																			
<input checked="" type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing																																																																			
<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash																																																																			
<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal																																																																			
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Does not exist	<input type="checkbox"/> Permit																																																																			
<input type="checkbox"/> Does exist	<input type="checkbox"/> No Permit																																																																			
<input checked="" type="checkbox"/> Respiratory System																																																																				
<input type="checkbox"/> Face/eyes																																																																				
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px 10px;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Splash/contact</td> <td><input type="checkbox"/> Thermal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irritating/mist</td> <td><input checked="" type="checkbox"/> Slip Hazard</td> </tr> <tr> <td><input type="checkbox"/> Acid/caustic</td> <td><input type="checkbox"/> Oil/fuel</td> </tr> <tr> <td><input checked="" type="checkbox"/> Solvent</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> <td><input checked="" type="checkbox"/> Hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Splash/contact	<input type="checkbox"/> Thermal	<input checked="" type="checkbox"/> Irritating/mist	<input checked="" type="checkbox"/> Slip Hazard	<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel	<input checked="" type="checkbox"/> Solvent		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes		<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Heavy pipes</td> <td><input type="checkbox"/> Skid trucks</td> </tr> <tr> <td><input type="checkbox"/> Tow motors</td> <td><input type="checkbox"/> Drums</td> </tr> <tr> <td><input type="checkbox"/> Gas cylinders</td> <td><input type="checkbox"/> Bulk rolls</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic rams/presses</td> <td><input type="checkbox"/> Cranes</td> </tr> <tr> <td><input type="checkbox"/> Rigging/load</td> <td><input type="checkbox"/> Trains</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks	<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums	<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls	<input type="checkbox"/> Hydraulic rams/presses	<input type="checkbox"/> Cranes	<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains	<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Energized switchgear or equipment</td> </tr> <tr> <td><input type="checkbox"/> Overhead lines</td> </tr> <tr> <td><input type="checkbox"/> Static field</td> </tr> <tr> <td><input type="checkbox"/> Underground lines</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot/hand</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Energized switchgear or equipment	<input type="checkbox"/> Overhead lines	<input type="checkbox"/> Static field	<input type="checkbox"/> Underground lines	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hand	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																											
<input checked="" type="checkbox"/> Splash/contact	<input type="checkbox"/> Thermal																																																																			
<input checked="" type="checkbox"/> Irritating/mist	<input checked="" type="checkbox"/> Slip Hazard																																																																			
<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel																																																																			
<input checked="" type="checkbox"/> Solvent																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands																																																																		
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks																																																																			
<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums																																																																			
<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls																																																																			
<input type="checkbox"/> Hydraulic rams/presses	<input type="checkbox"/> Cranes																																																																			
<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains																																																																			
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Energized switchgear or equipment																																																																				
<input type="checkbox"/> Overhead lines																																																																				
<input type="checkbox"/> Static field																																																																				
<input type="checkbox"/> Underground lines																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hand																																																																			
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Compressed air</td> <td><input type="checkbox"/> Air cyids</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic cylinders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compressed gas cylinders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air operated equipment/tools</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rigging (under tension)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Unbalanced loads</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trapped liquids (water, steam)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> <td><input checked="" type="checkbox"/> Hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cyids	<input type="checkbox"/> Hydraulic cylinders		<input type="checkbox"/> Compressed gas cylinders		<input type="checkbox"/> Air operated equipment/tools		<input type="checkbox"/> Rigging (under tension)		<input checked="" type="checkbox"/> Unbalanced loads		<input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)		<input type="checkbox"/> Trapped liquids (water, steam)		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes		<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Steam</td> <td><input type="checkbox"/> Flame</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Sparks</td> </tr> <tr> <td><input type="checkbox"/> Brazing</td> <td><input type="checkbox"/> Chemical</td> </tr> <tr> <td><input type="checkbox"/> Hot dipping</td> <td><input type="checkbox"/> Grinding</td> </tr> <tr> <td><input type="checkbox"/> Pouring casting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Extreme weather</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Furnace operation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Steam	<input type="checkbox"/> Flame	<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks	<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical	<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Pouring casting		<input type="checkbox"/> Extreme weather		<input type="checkbox"/> Furnace operation		<input type="checkbox"/> Other _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Lasers</td> <td><input type="checkbox"/> Brazing</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Furnaces</td> </tr> <tr> <td><input type="checkbox"/> Oxygen cutting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> High intensity lighting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Heat tracing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Boiler x-rays</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Radiation source</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hot work permits</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Lasers	<input type="checkbox"/> Brazing	<input type="checkbox"/> Welding	<input type="checkbox"/> Furnaces	<input type="checkbox"/> Oxygen cutting		<input type="checkbox"/> High intensity lighting		<input type="checkbox"/> Heat tracing		<input type="checkbox"/> Boiler x-rays		<input type="checkbox"/> Radiation source		<input type="checkbox"/> Hot work permits		<input type="checkbox"/> Other _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes
<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cyids																																																																			
<input type="checkbox"/> Hydraulic cylinders																																																																				
<input type="checkbox"/> Compressed gas cylinders																																																																				
<input type="checkbox"/> Air operated equipment/tools																																																																				
<input type="checkbox"/> Rigging (under tension)																																																																				
<input checked="" type="checkbox"/> Unbalanced loads																																																																				
<input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)																																																																				
<input type="checkbox"/> Trapped liquids (water, steam)																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands																																																																		
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Steam	<input type="checkbox"/> Flame																																																																			
<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks																																																																			
<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical																																																																			
<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding																																																																			
<input type="checkbox"/> Pouring casting																																																																				
<input type="checkbox"/> Extreme weather																																																																				
<input type="checkbox"/> Furnace operation																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Lasers	<input type="checkbox"/> Brazing																																																																			
<input type="checkbox"/> Welding	<input type="checkbox"/> Furnaces																																																																			
<input type="checkbox"/> Oxygen cutting																																																																				
<input type="checkbox"/> High intensity lighting																																																																				
<input type="checkbox"/> Heat tracing																																																																				
<input type="checkbox"/> Boiler x-rays																																																																				
<input type="checkbox"/> Radiation source																																																																				
<input type="checkbox"/> Hot work permits																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			





# ENVIROTECH JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Chipping      <input checked="" type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input type="checkbox"/> Flying Particles      <input type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input type="checkbox"/> Chiselling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other <u>ACM</u></p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input type="checkbox"/> Sawing      <input type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input type="checkbox"/> Flying Particles      <input type="checkbox"/> Vibration  <input type="checkbox"/> Sharp Objects      <input type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input type="checkbox"/> Metal Shavings      <input type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Dust/dirt      <input type="checkbox"/> Insulation  <input type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____         </p> <p><b>Confined Space</b></p> <p> <input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Respiratory System  <input type="checkbox"/> Face/eyes         </p>
<p><b><u>Chemical Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>SDS Reviewed _____</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input type="checkbox"/> Solvent  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input type="checkbox"/> Head      <input type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cyls  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input type="checkbox"/> Head      <input type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p> <input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____         </p> <p><b><u>Source of Hazard</u></b></p> <p> <input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes         </p>



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Chipping      <input checked="" type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other <u>ACMT</u></p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input checked="" type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: black;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Spilled liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>

ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date

11/21/12

Project Name/#

12124 GSAR SUG 107 PHASE 2

Critical Job

Project Location

BLDG 107

Routine Job

Supervisor

John W. Brown

Non-Routine Job

Identify Any Potential Hazards on Job:

ELEVATED WORK  
SLIPS, TRIPS, FALLS  
POWER TOOLS

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS  
PROPER HOUSEKEEPING  
GUARDS IN PLACE & FUNCTIONING

List ALL Personal Protective Equipment Required for the Job:

HARD HAT, EYE + EAR, STEEL TOED BOOTS.

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders	<input checked="" type="checkbox"/>	Elect. Cords	<input checked="" type="checkbox"/>	Lanyards	<input type="checkbox"/>	Other	<input type="checkbox"/>
Scaffold	<input checked="" type="checkbox"/>	Aerial Lifts	<input type="checkbox"/>	Power Tool	<input checked="" type="checkbox"/>		
Respirators	<input checked="" type="checkbox"/>	Harnesses	<input type="checkbox"/>	HEPA Vacs	<input checked="" type="checkbox"/>		

Lockout/Tagout Required: Yes  No

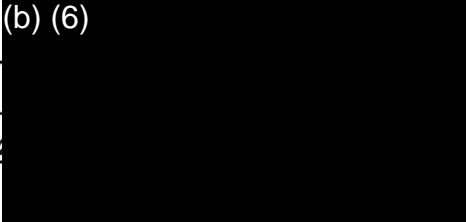
Asbestos-Containing Materials/Lead Hazards Identified:  YES  NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Cut and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Chipping      <input checked="" type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input checked="" type="checkbox"/> Banding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input type="checkbox"/> Poor-housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other <u>ACM</u></p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px 10px;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Spilled liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>

ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date

11/26/12

Project Name/#

12124 GSA BUDG 107 PHASE 2

Critical Job

Project Location

BUDG 107 PHASE 2

Routine Job

Supervisor

John W. Brown

Non-Routine Job

Identify Any Potential Hazards on Job:

ELEVATE Δ WORK  
POWERTOOLS

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS  
GUARDS IN PLACE AND FUNCTIONING

List ALL Personal Protective Equipment Required for the Job:

HARD HAT, EYE & EAR, STEEL TOE BOOTS

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders

Elect.Cords

Lanyards

Other

Scaffold

Aerial Lifts

Power Tool

Respirators

Harnesses

HEPA Vacs

Lockout/Tagout Required: Yes  No

Asbestos-Containing Materials/Lead Hazards Identified: YES  NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)

# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Cut and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Dropped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High Intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>

ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date

11/27/12

Project Name/#

12124 GSABLDK107 PHASE 2

Critical Job

Project Location

BLDG 107 PHASE 2

Routine Job

Supervisor

John W. Bivona

Non-Routine Job

Identify Any Potential Hazards on Job:

OVERHEAD WORK FROM ELEVATED PLATFORM  
POWER TOOLS  
LIVE UTILITIES

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS AND POTENTIAL HAZARDS TO YOURSELF OR OTHERS  
GUARDS IN PLACE AND FUNCTIONING GFCI IN PLACE  
AWARENESS OF POSSIBLE LIVE UTILITIES

List ALL Personal Protective Equipment Required for the Job:

HARD HAT, EYE'S EAR, STEEL TOE BOOTS, GLOVES,  
RESPIRATORS

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders

Elect. Cords

Lanyards

Other

Scaffold

Aerial Lifts

Power Tool

Respirators

Harnesses

HEPA Vacs

Lockout/Tagout Required: Yes  No

Asbestos-Containing Materials/Lead Hazards Identified: YES  NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)

# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot  <input type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><b><u>Confined Space</u></b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Spilled liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>

ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date

11/28/12

Project Name/#

12124 GSA BLDG 107 PHASE 2

Critical Job

Project Location

BLDG 107 PHASE 2

Routine Job

Supervisor

John W. Breen

Non-Routine Job

Identify Any Potential Hazards on Job:

OVERHEAD CEILING DEMO  
SUFS TRIPS FALLS

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS AND POTENTIAL HAZARDS TO SELF OR OTHERS  
GOOD HOUSEKEEPING

List ALL Personal Protective Equipment Required for the Job:

HARD HAT, EYE & EAR, STEEL TOED BOOTS, GLOVES, RESPIRATORS

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders

Elect.Cords

Lanyards

Other

Scaffold

Aerial Lifts

Power Tool

Respirators

Harnesses

HEPA Vacs

Lockout/Tagout Required: Yes  No

Asbestos-Containing Materials/Lead Hazards Identified:  YES NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)









# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b>I. <u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Chipping</td> <td><input type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input checked="" type="checkbox"/> Drilling</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flying Particles</td> <td><input type="checkbox"/> Vibration</td> <td><input checked="" type="checkbox"/> Chiseling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input checked="" type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal Shavings</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Falling/Dropped Objects</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Moving equipment with stationary objects</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Chipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Riveting	<input checked="" type="checkbox"/> Sawing	<input checked="" type="checkbox"/> Drilling	<input type="checkbox"/> Sanding	<input checked="" type="checkbox"/> Flying Particles	<input type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Chiseling	<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering	<input type="checkbox"/> Propelled Devices			<input checked="" type="checkbox"/> Metal Shavings			<input checked="" type="checkbox"/> Falling/Dropped Objects			<input type="checkbox"/> Moving equipment with stationary objects			<input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Wet, greasy, icy floor</td> </tr> <tr> <td><input type="checkbox"/> Uneven flooring, broken or missing grating</td> </tr> <tr> <td><input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Poor housekeeping, dirty areas</td> </tr> <tr> <td><input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.</td> </tr> <tr> <td><input type="checkbox"/> Personal fall protection</td> </tr> <tr> <td><input type="checkbox"/> Spider, open ledges, etc.</td> </tr> <tr> <td><input type="checkbox"/> Poor lighting</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Wet, greasy, icy floor	<input type="checkbox"/> Uneven flooring, broken or missing grating	<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.	<input checked="" type="checkbox"/> Poor housekeeping, dirty areas	<input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.	<input type="checkbox"/> Personal fall protection	<input type="checkbox"/> Spider, open ledges, etc.	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Other _____	<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Dust/dirt</td> <td><input checked="" type="checkbox"/> Insulation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Vapors/fumes</td> <td><input type="checkbox"/> Buffing</td> </tr> <tr> <td><input type="checkbox"/> Gases</td> <td><input type="checkbox"/> Fly ash</td> </tr> <tr> <td><input type="checkbox"/> Sandblasting</td> <td><input type="checkbox"/> Coal</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Confined Space</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Does not exist</td> <td><input type="checkbox"/> Permit</td> </tr> <tr> <td><input type="checkbox"/> Does exist</td> <td><input type="checkbox"/> No Permit</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Respiratory System</td> </tr> <tr> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation	<input checked="" type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing	<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Does not exist	<input type="checkbox"/> Permit	<input type="checkbox"/> Does exist	<input type="checkbox"/> No Permit	<input checked="" type="checkbox"/> Respiratory System	<input checked="" type="checkbox"/> Face/eyes						
<input checked="" type="checkbox"/> Chipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Riveting																																																																		
<input checked="" type="checkbox"/> Sawing	<input checked="" type="checkbox"/> Drilling	<input type="checkbox"/> Sanding																																																																		
<input checked="" type="checkbox"/> Flying Particles	<input type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Chiseling																																																																		
<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering																																																																		
<input type="checkbox"/> Propelled Devices																																																																				
<input checked="" type="checkbox"/> Metal Shavings																																																																				
<input checked="" type="checkbox"/> Falling/Dropped Objects																																																																				
<input type="checkbox"/> Moving equipment with stationary objects																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot																																																																			
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Wet, greasy, icy floor																																																																				
<input type="checkbox"/> Uneven flooring, broken or missing grating																																																																				
<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.																																																																				
<input checked="" type="checkbox"/> Poor housekeeping, dirty areas																																																																				
<input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.																																																																				
<input type="checkbox"/> Personal fall protection																																																																				
<input type="checkbox"/> Spider, open ledges, etc.																																																																				
<input type="checkbox"/> Poor lighting																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands																																																																			
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation																																																																			
<input checked="" type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing																																																																			
<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash																																																																			
<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal																																																																			
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Does not exist	<input type="checkbox"/> Permit																																																																			
<input type="checkbox"/> Does exist	<input type="checkbox"/> No Permit																																																																			
<input checked="" type="checkbox"/> Respiratory System																																																																				
<input checked="" type="checkbox"/> Face/eyes																																																																				
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>'SDS Reviewed <span style="background-color: black; color: black;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Splash/contact</td> <td><input type="checkbox"/> Thermal</td> </tr> <tr> <td><input type="checkbox"/> Irritating/mist</td> <td><input type="checkbox"/> Slip Hazard</td> </tr> <tr> <td><input type="checkbox"/> Acid/caustic</td> <td><input type="checkbox"/> Oil/fuel</td> </tr> <tr> <td><input checked="" type="checkbox"/> Solvent</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot</td> <td><input checked="" type="checkbox"/> Hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Splash/contact	<input type="checkbox"/> Thermal	<input type="checkbox"/> Irritating/mist	<input type="checkbox"/> Slip Hazard	<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel	<input checked="" type="checkbox"/> Solvent		<input type="checkbox"/> Other _____		<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands	<input type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes		<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Heavy pipes</td> <td><input type="checkbox"/> Skid trucks</td> </tr> <tr> <td><input type="checkbox"/> Tow motors</td> <td><input type="checkbox"/> Drums</td> </tr> <tr> <td><input type="checkbox"/> Gas cylinders</td> <td><input type="checkbox"/> Bulk rolls</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic rams/presses</td> <td><input type="checkbox"/> Cranes</td> </tr> <tr> <td><input type="checkbox"/> Rigging/load</td> <td><input type="checkbox"/> Trains</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks	<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums	<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls	<input type="checkbox"/> Hydraulic rams/presses	<input type="checkbox"/> Cranes	<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains	<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Energized switchgear or equipment</td> </tr> <tr> <td><input type="checkbox"/> Overhead lines</td> </tr> <tr> <td><input type="checkbox"/> Static field</td> </tr> <tr> <td><input type="checkbox"/> Underground lines</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hand</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Energized switchgear or equipment	<input type="checkbox"/> Overhead lines	<input type="checkbox"/> Static field	<input type="checkbox"/> Underground lines	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot/hand	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																											
<input checked="" type="checkbox"/> Splash/contact	<input type="checkbox"/> Thermal																																																																			
<input type="checkbox"/> Irritating/mist	<input type="checkbox"/> Slip Hazard																																																																			
<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel																																																																			
<input checked="" type="checkbox"/> Solvent																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands																																																																		
<input type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks																																																																			
<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums																																																																			
<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls																																																																			
<input type="checkbox"/> Hydraulic rams/presses	<input type="checkbox"/> Cranes																																																																			
<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains																																																																			
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input checked="" type="checkbox"/> Energized switchgear or equipment																																																																				
<input type="checkbox"/> Overhead lines																																																																				
<input type="checkbox"/> Static field																																																																				
<input type="checkbox"/> Underground lines																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot/hand																																																																			
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Compressed air</td> <td><input type="checkbox"/> Air cylids</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic cylinders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compressed gas cylinders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air operated equipment/tools</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rigging (under tension)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Unbalanced loads</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trapped liquids (water, steam)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> <td><input checked="" type="checkbox"/> Hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cylids	<input type="checkbox"/> Hydraulic cylinders		<input type="checkbox"/> Compressed gas cylinders		<input type="checkbox"/> Air operated equipment/tools		<input type="checkbox"/> Rigging (under tension)		<input checked="" type="checkbox"/> Unbalanced loads		<input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)		<input type="checkbox"/> Trapped liquids (water, steam)		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes		<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Steam</td> <td><input type="checkbox"/> Flame</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Sparks</td> </tr> <tr> <td><input type="checkbox"/> Brazing</td> <td><input type="checkbox"/> Chemical</td> </tr> <tr> <td><input type="checkbox"/> Hot dipping</td> <td><input type="checkbox"/> Grinding</td> </tr> <tr> <td><input type="checkbox"/> Pouring casting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Extreme weather</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Furnace operation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Steam	<input type="checkbox"/> Flame	<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks	<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical	<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Pouring casting		<input type="checkbox"/> Extreme weather		<input type="checkbox"/> Furnace operation		<input type="checkbox"/> Other _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Lasers</td> <td><input type="checkbox"/> Brazing</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Furnaces</td> </tr> <tr> <td><input type="checkbox"/> Oxygen cutting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> High intensity lighting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Heat tracing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Boiler x-rays</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Radiation source</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hot work permits</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>Source of Hazard</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Lasers	<input type="checkbox"/> Brazing	<input type="checkbox"/> Welding	<input type="checkbox"/> Furnaces	<input type="checkbox"/> Oxygen cutting		<input type="checkbox"/> High intensity lighting		<input type="checkbox"/> Heat tracing		<input type="checkbox"/> Boiler x-rays		<input type="checkbox"/> Radiation source		<input type="checkbox"/> Hot work permits		<input type="checkbox"/> Other _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes
<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cylids																																																																			
<input type="checkbox"/> Hydraulic cylinders																																																																				
<input type="checkbox"/> Compressed gas cylinders																																																																				
<input type="checkbox"/> Air operated equipment/tools																																																																				
<input type="checkbox"/> Rigging (under tension)																																																																				
<input checked="" type="checkbox"/> Unbalanced loads																																																																				
<input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)																																																																				
<input type="checkbox"/> Trapped liquids (water, steam)																																																																				
<input type="checkbox"/> Other _____																																																																				
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands																																																																		
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Steam	<input type="checkbox"/> Flame																																																																			
<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks																																																																			
<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical																																																																			
<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding																																																																			
<input type="checkbox"/> Pouring casting																																																																				
<input type="checkbox"/> Extreme weather																																																																				
<input type="checkbox"/> Furnace operation																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			
<input type="checkbox"/> Lasers	<input type="checkbox"/> Brazing																																																																			
<input type="checkbox"/> Welding	<input type="checkbox"/> Furnaces																																																																			
<input type="checkbox"/> Oxygen cutting																																																																				
<input type="checkbox"/> High intensity lighting																																																																				
<input type="checkbox"/> Heat tracing																																																																				
<input type="checkbox"/> Boiler x-rays																																																																				
<input type="checkbox"/> Radiation source																																																																				
<input type="checkbox"/> Hot work permits																																																																				
<input type="checkbox"/> Other _____																																																																				
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																																			
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																																			



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Cut and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Chipping                      <input type="checkbox"/> Grinding                      <input type="checkbox"/> Riveting  <input type="checkbox"/> Sawing                              <input checked="" type="checkbox"/> Drilling                      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles                      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects                      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices                      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings                      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head                      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body                      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Wet, greasy, icy floor  <input type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head                      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body                      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Dust/dirt                      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes                      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases                      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting                      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><b><u>Confined Space</u></b></p> <p><input checked="" type="checkbox"/> Does not exist                      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist                      <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px 10px;">(b) (6)</span></p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Splash/contact                      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist                      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic                      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head                      <input type="checkbox"/> Foot                      <input type="checkbox"/> Hands  <input type="checkbox"/> Body                      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Heavy pipes                      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors                      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders                      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses                      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load                      <input type="checkbox"/> Trains</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head                      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body                      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head                      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body                      <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Compressed air                      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Dropped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head                      <input checked="" type="checkbox"/> Foot                      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body                      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Steam                      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding                      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing                      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping                      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head                      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body                      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Lasers                      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding                      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head                      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body                      <input type="checkbox"/> Face/eyes</p>



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Impact and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Slips, Trips &amp; Fall Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Inhalation Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><u>Confined Space</u></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><u>Chemical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: black;">(b) (6)</span></p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Compression Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u>Electrical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><u>Stored Energy Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Thermal Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u>Light/Non-Ionizing Radiation Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>







# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u><b>Impact and Penetration Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiselling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u><b>Slips, Trips &amp; Fall Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u><b>Inhalation Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><u>Confined Space</u></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><u><b>Chemical Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u><b>Compression Hazard</b></u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u><b>Electrical Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><u><b>Stored Energy Hazard</b></u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylds  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u><b>Thermal Hazard</b></u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u><b>Light/Non-ionizing Radiation Hazard</b></u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>





# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other <u>ACM</u></p> <p><b><u>Confined Space</u></b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><input type="checkbox"/> SDS Reviewed</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylnds  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Heated liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>

ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date 12/6/12  
Project Name/# 1224 GASLINE-107 PHASE 2  
Project Location RIG-107 PHASE 2  
Supervisor John W. Ruler

Critical Job   
Routine Job   
Non-Routine Job

Identify Any Potential Hazards on Job:  
AIR ABATEMENT

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:  
PERM ABATEMENT PROCEDURES

List ALL Personal Protective Equipment Required for the Job:  
HARD HAT, EYE/EAR, STEEL TOE BOOTS, GLOVES, SUITS, RESPIRATORS

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders  Elect.Cords  Lanyards  Other   
Scaffold  Aerial Lifts  Power Tool   
Respirators  Harnesses  HEPA Vacs

Lockout/Tagout Required:  Yes  No


Asbestos-Containing Materials/Lead Hazards Identified:  YES  NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)

# ENVIROTECH JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Impact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input checked="" type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor floorkeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other <u>AEM</u></p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px 10px;">(b) (6)</span></p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b><u>Source of Hazard</u></b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>





# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><u>Impact and Penetration Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiseling  <input type="checkbox"/> Propelled Devices      <input checked="" type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equip. with stationary objects  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Slips, Trips &amp; Fall Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Wet, greasy icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input checked="" type="checkbox"/> Poor Housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protectin  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Inhalation Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input checked="" type="checkbox"/> Other: <u>APM</u></p> <p><u>Confined Space</u></p> <p><input type="checkbox"/> Does not exist      <input checked="" type="checkbox"/> Permit  <input checked="" type="checkbox"/> Does exist      <input checked="" type="checkbox"/> No Permit</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><u>Chemical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>MSDS Reviewed: _____</p> <p><u>Sources of Hazard</u></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input type="checkbox"/> Irrigating/mist      <input checked="" type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>	<p><u>Compression Hazard</u></p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic arms/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u>Electrical Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Dust/dirt      <input type="checkbox"/> Insulation  <input type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input checked="" type="checkbox"/> Face/eyes</p>
<p><u>Stored Energy Hazard</u></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylds  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cyld  <input type="checkbox"/> Air oper equip/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Elec. Equip (resistors, capacitors, etc.)  <input type="checkbox"/> Trapped liquids (water, steam)  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot      <input checked="" type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u>Thermal Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other: _____</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><u>Light/Non-ionizing Radiation Hazard</u></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><u>Sources of Hazard</u></p> <p><input type="checkbox"/> Dust/dirt      <input type="checkbox"/> Insulation  <input type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other: _____</p> <p><u>Confined Space</u></p> <p><input type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><u>Source of Hazard</u></p> <p><input type="checkbox"/> Respiratory System  <input type="checkbox"/> Face/eyes</p>



ENVIROTECH  
PRE-JOB BRIEFING / DAILY TAILGATE

Date

12/8/12

Project Name/#

12124 GSA BUDG 107 PHASE 3

Project Location

GSA BUDG 107 PHASE 3

Supervisor

John Wm Bueck

Critical Job

Routine Job

Non-Routine Job

Identify Any Potential Hazards on Job:

OVERHEAD CEILING DEMOLITION

Identify Necessary Precautions and Ways to eliminate Any Potential Hazards:

AWARENESS OF SURROUNDINGS

List ALL Personal Protective Equipment Required for the Job:

HARD HAT, EYE & EAR, STEEL TOED BOOTS, GLOVES, RESPIRATOR

Work Procedures:

Inspect ALL Tools and Equipment to be Used on the Job:

Ladders

Elect.Cords

Lanyards

Other

Scaffold

Aerial Lifts

Power Tool

Respirators

Harnesses

HEPA Vacs

Lockout/Tagout Required: Yes  No

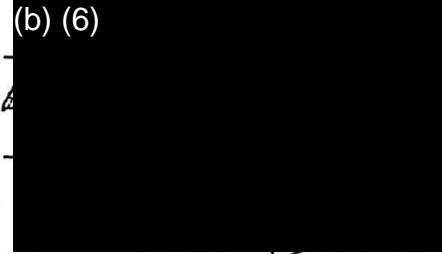
Asbestos-Containing Materials/Lead Hazards Identified: YES  NO

Employee Signature

Employee Signature

Employee Signature

(b) (6)



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Cut and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Chipping      <input type="checkbox"/> Grinding      <input type="checkbox"/> Riveting  <input checked="" type="checkbox"/> Sawing      <input type="checkbox"/> Drilling      <input type="checkbox"/> Sanding  <input checked="" type="checkbox"/> Flying Particles      <input checked="" type="checkbox"/> Vibration  <input checked="" type="checkbox"/> Sharp Objects      <input checked="" type="checkbox"/> Chiselling  <input type="checkbox"/> Propelled Devices      <input type="checkbox"/> Collision  <input checked="" type="checkbox"/> Metal Shavings      <input checked="" type="checkbox"/> Hammering  <input checked="" type="checkbox"/> Falling/Dropped Objects  <input type="checkbox"/> Moving equipment with stationary objects  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Wet, greasy, icy floor  <input checked="" type="checkbox"/> Uneven flooring, broken or missing grating  <input type="checkbox"/> Steep ascent/descent ladders, ramps, etc.  <input type="checkbox"/> Poor housekeeping, dirty areas  <input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.  <input type="checkbox"/> Personal fall protection  <input type="checkbox"/> Spider, open ledges, etc.  <input type="checkbox"/> Poor lighting  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hands  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Dust/dirt      <input checked="" type="checkbox"/> Insulation  <input checked="" type="checkbox"/> Vapors/fumes      <input type="checkbox"/> Buffing  <input type="checkbox"/> Gases      <input type="checkbox"/> Fly ash  <input type="checkbox"/> Sandblasting      <input type="checkbox"/> Coal  <input type="checkbox"/> Other _____</p> <p><b>Confined Space</b></p> <p><input checked="" type="checkbox"/> Does not exist      <input type="checkbox"/> Permit  <input type="checkbox"/> Does exist      <input type="checkbox"/> No Permit</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Respiratory System  <input checked="" type="checkbox"/> Face/eyes</p>
<p><b><u>Chemical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p>SDS Reviewed <span style="background-color: black; color: white; padding: 2px 10px;">(b) (6)</span></p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Splash/contact      <input type="checkbox"/> Thermal  <input checked="" type="checkbox"/> Irritating/mist      <input type="checkbox"/> Slip Hazard  <input type="checkbox"/> Acid/caustic      <input type="checkbox"/> Oil/fuel  <input checked="" type="checkbox"/> Solvent  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Compression Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Heavy pipes      <input type="checkbox"/> Skid trucks  <input type="checkbox"/> Tow motors      <input type="checkbox"/> Drums  <input type="checkbox"/> Gas cylinders      <input type="checkbox"/> Bulk rolls  <input type="checkbox"/> Hydraulic rams/presses      <input type="checkbox"/> Cranes  <input type="checkbox"/> Rigging/load      <input type="checkbox"/> Trains</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input checked="" type="checkbox"/> Energized switchgear or equipment  <input type="checkbox"/> Overhead lines  <input type="checkbox"/> Static field  <input type="checkbox"/> Underground lines  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot/hand  <input checked="" type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Compressed air      <input type="checkbox"/> Air cylids  <input type="checkbox"/> Hydraulic cylinders  <input type="checkbox"/> Compressed gas cylinders  <input type="checkbox"/> Air operated equipment/tools  <input type="checkbox"/> Rigging (under tension)  <input checked="" type="checkbox"/> Unbalanced loads  <input type="checkbox"/> Electrical Equipment (resistors, capacitors, etc.)  <input type="checkbox"/> Spilled liquids (water, steam)  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input checked="" type="checkbox"/> Head      <input checked="" type="checkbox"/> Foot      <input type="checkbox"/> Hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Steam      <input type="checkbox"/> Flame  <input type="checkbox"/> Welding      <input type="checkbox"/> Sparks  <input type="checkbox"/> Brazing      <input type="checkbox"/> Chemical  <input type="checkbox"/> Hot dipping      <input type="checkbox"/> Grinding  <input type="checkbox"/> Pouring casting  <input type="checkbox"/> Extreme weather  <input type="checkbox"/> Furnace operation  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>	<p><b><u>Light/Non-ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b>Sources of Hazard</b></p> <p><input type="checkbox"/> Lasers      <input type="checkbox"/> Brazing  <input type="checkbox"/> Welding      <input type="checkbox"/> Furnaces  <input type="checkbox"/> Oxygen cutting  <input type="checkbox"/> High intensity lighting  <input type="checkbox"/> Heat tracing  <input type="checkbox"/> Boiler x-rays  <input type="checkbox"/> Radiation source  <input type="checkbox"/> Hot work permits  <input type="checkbox"/> Other _____</p> <p><b>Source of Hazard</b></p> <p><input type="checkbox"/> Head      <input type="checkbox"/> Foot/hands  <input type="checkbox"/> Body      <input type="checkbox"/> Face/eyes</p>



# ENVIROTECH

## JOB HAZARD ASSESSMENT

This is not intended to be a complete list but is provided as a guide in assessing the hazards of a job.

<p><b><u>Contact and Penetration Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Chipping</td> <td><input checked="" type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Riveting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sawing</td> <td><input type="checkbox"/> Drilling</td> <td><input checked="" type="checkbox"/> Sanding</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flying Particles</td> <td><input type="checkbox"/> Vibration</td> <td><input type="checkbox"/> Chiselling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sharp Objects</td> <td><input type="checkbox"/> Collision</td> <td><input checked="" type="checkbox"/> Hammering</td> </tr> <tr> <td><input type="checkbox"/> Propelled Devices</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal Shavings</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Falling/Dropped Objects</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Moving equip. with stationary objects</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Chipping	<input checked="" type="checkbox"/> Grinding	<input type="checkbox"/> Riveting	<input checked="" type="checkbox"/> Sawing	<input type="checkbox"/> Drilling	<input checked="" type="checkbox"/> Sanding	<input checked="" type="checkbox"/> Flying Particles	<input type="checkbox"/> Vibration	<input type="checkbox"/> Chiselling	<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering	<input type="checkbox"/> Propelled Devices			<input checked="" type="checkbox"/> Metal Shavings			<input checked="" type="checkbox"/> Falling/Dropped Objects			<input type="checkbox"/> Moving equip. with stationary objects			<input type="checkbox"/> Other: _____			<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Slips, Trips &amp; Fall Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Wet, greasy icy floor</td> <td><input checked="" type="checkbox"/> Uneven flooring, broken or missing grating</td> </tr> <tr> <td><input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.</td> <td><input checked="" type="checkbox"/> Poor housekeeping, dirty areas</td> </tr> <tr> <td><input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.</td> <td><input type="checkbox"/> Personal fall protectin</td> </tr> <tr> <td><input type="checkbox"/> Spider, open ledges, etc.</td> <td><input type="checkbox"/> Poor lighting</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Wet, greasy icy floor	<input checked="" type="checkbox"/> Uneven flooring, broken or missing grating	<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.	<input checked="" type="checkbox"/> Poor housekeeping, dirty areas	<input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.	<input type="checkbox"/> Personal fall protectin	<input type="checkbox"/> Spider, open ledges, etc.	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes	<p><b><u>Inhalation Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Dust/dirt</td> <td><input checked="" type="checkbox"/> Insulation</td> </tr> <tr> <td><input type="checkbox"/> Vapors/fumes</td> <td><input type="checkbox"/> Buffing</td> </tr> <tr> <td><input type="checkbox"/> Gases</td> <td><input type="checkbox"/> Fly ash</td> </tr> <tr> <td><input type="checkbox"/> Sandblasting</td> <td><input type="checkbox"/> Coal</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Confined Space</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p style="text-align: right;"><input type="checkbox"/> Permit <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Respiratory System</td> </tr> <tr> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation	<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing	<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal	<input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> Respiratory System	<input checked="" type="checkbox"/> Face/eyes
<input type="checkbox"/> Chipping	<input checked="" type="checkbox"/> Grinding	<input type="checkbox"/> Riveting																																																									
<input checked="" type="checkbox"/> Sawing	<input type="checkbox"/> Drilling	<input checked="" type="checkbox"/> Sanding																																																									
<input checked="" type="checkbox"/> Flying Particles	<input type="checkbox"/> Vibration	<input type="checkbox"/> Chiselling																																																									
<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Collision	<input checked="" type="checkbox"/> Hammering																																																									
<input type="checkbox"/> Propelled Devices																																																											
<input checked="" type="checkbox"/> Metal Shavings																																																											
<input checked="" type="checkbox"/> Falling/Dropped Objects																																																											
<input type="checkbox"/> Moving equip. with stationary objects																																																											
<input type="checkbox"/> Other: _____																																																											
<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot																																																										
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																										
<input type="checkbox"/> Wet, greasy icy floor	<input checked="" type="checkbox"/> Uneven flooring, broken or missing grating																																																										
<input checked="" type="checkbox"/> Steep ascent/descent ladders, ramps, etc.	<input checked="" type="checkbox"/> Poor housekeeping, dirty areas																																																										
<input checked="" type="checkbox"/> Air hoses, extension cords, tools, etc.	<input type="checkbox"/> Personal fall protectin																																																										
<input type="checkbox"/> Spider, open ledges, etc.	<input type="checkbox"/> Poor lighting																																																										
<input type="checkbox"/> Other: _____																																																											
<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot/hands																																																										
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																										
<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation																																																										
<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing																																																										
<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash																																																										
<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal																																																										
<input type="checkbox"/> Other: _____																																																											
<input checked="" type="checkbox"/> Respiratory System																																																											
<input checked="" type="checkbox"/> Face/eyes																																																											
<p><b><u>Chemical Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p>MSDS Reviewed: _____</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Splash/contacte</td> <td><input type="checkbox"/> Thermal</td> </tr> <tr> <td><input type="checkbox"/> Irrigating/mist</td> <td><input type="checkbox"/> Slip Hazard</td> </tr> <tr> <td><input type="checkbox"/> Acid/caustic</td> <td><input type="checkbox"/> Oil/fuel</td> </tr> <tr> <td><input type="checkbox"/> Solvent</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot</td> <td><input type="checkbox"/> Hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input type="checkbox"/> Splash/contacte	<input type="checkbox"/> Thermal	<input type="checkbox"/> Irrigating/mist	<input type="checkbox"/> Slip Hazard	<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel	<input type="checkbox"/> Solvent		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot	<input type="checkbox"/> Hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes		<p><b><u>Compression Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Heavy pipes</td> <td><input type="checkbox"/> Skid trucks</td> </tr> <tr> <td><input type="checkbox"/> Tow motors</td> <td><input type="checkbox"/> Drums</td> </tr> <tr> <td><input type="checkbox"/> Gas cylinders</td> <td><input type="checkbox"/> Bulk rolls</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic ams/presses</td> <td><input type="checkbox"/> Cranes</td> </tr> <tr> <td><input type="checkbox"/> Rigging/load</td> <td><input type="checkbox"/> Trains</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks	<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums	<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls	<input type="checkbox"/> Hydraulic ams/presses	<input type="checkbox"/> Cranes	<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains	<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Electrical Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Dust/dirt</td> <td><input checked="" type="checkbox"/> Insulation</td> </tr> <tr> <td><input type="checkbox"/> Vapors/fumes</td> <td><input type="checkbox"/> Buffing</td> </tr> <tr> <td><input type="checkbox"/> Gases</td> <td><input type="checkbox"/> Fly ash</td> </tr> <tr> <td><input type="checkbox"/> Sandblasting</td> <td><input type="checkbox"/> Coal</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hand</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input checked="" type="checkbox"/> Face/eyes</td> </tr> </table>	<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation	<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing	<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hand	<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes													
<input type="checkbox"/> Splash/contacte	<input type="checkbox"/> Thermal																																																										
<input type="checkbox"/> Irrigating/mist	<input type="checkbox"/> Slip Hazard																																																										
<input type="checkbox"/> Acid/caustic	<input type="checkbox"/> Oil/fuel																																																										
<input type="checkbox"/> Solvent																																																											
<input type="checkbox"/> Other: _____																																																											
<input type="checkbox"/> Head	<input type="checkbox"/> Foot	<input type="checkbox"/> Hands																																																									
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																										
<input type="checkbox"/> Heavy pipes	<input type="checkbox"/> Skid trucks																																																										
<input type="checkbox"/> Tow motors	<input type="checkbox"/> Drums																																																										
<input type="checkbox"/> Gas cylinders	<input type="checkbox"/> Bulk rolls																																																										
<input type="checkbox"/> Hydraulic ams/presses	<input type="checkbox"/> Cranes																																																										
<input type="checkbox"/> Rigging/load	<input type="checkbox"/> Trains																																																										
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																										
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																										
<input checked="" type="checkbox"/> Dust/dirt	<input checked="" type="checkbox"/> Insulation																																																										
<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing																																																										
<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash																																																										
<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal																																																										
<input type="checkbox"/> Other: _____																																																											
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hand																																																										
<input checked="" type="checkbox"/> Body	<input checked="" type="checkbox"/> Face/eyes																																																										
<p><b><u>Stored Energy Hazard</u></b></p> <p><input type="checkbox"/> Does not exist <input checked="" type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Compressed air</td> <td><input type="checkbox"/> Air cylids</td> </tr> <tr> <td><input type="checkbox"/> Hydraulic cylinders</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compressed gas cyld</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air oper equip/tools</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rigging (under tension)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Unbalanced loads</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Elec. Equip (resistors, capacitors, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trapped liquids (water, steam)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input checked="" type="checkbox"/> Foot</td> <td><input checked="" type="checkbox"/> Hands</td> </tr> <tr> <td><input checked="" type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> <td></td> </tr> </table>	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cylids	<input type="checkbox"/> Hydraulic cylinders		<input type="checkbox"/> Compressed gas cyld		<input type="checkbox"/> Air oper equip/tools		<input type="checkbox"/> Rigging (under tension)		<input checked="" type="checkbox"/> Unbalanced loads		<input type="checkbox"/> Elec. Equip (resistors, capacitors, etc.)		<input type="checkbox"/> Trapped liquids (water, steam)		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands	<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes		<p><b><u>Thermal Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Steam</td> <td><input type="checkbox"/> Flame</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Sparks</td> </tr> <tr> <td><input type="checkbox"/> Brazing</td> <td><input type="checkbox"/> Chemical</td> </tr> <tr> <td><input type="checkbox"/> Hot dipping</td> <td><input type="checkbox"/> Grinding</td> </tr> <tr> <td><input type="checkbox"/> Pouring casting</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Extreme weather</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Furnace operation</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Foot/hands</td> </tr> <tr> <td><input type="checkbox"/> Body</td> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Steam	<input type="checkbox"/> Flame	<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks	<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical	<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding	<input type="checkbox"/> Pouring casting		<input type="checkbox"/> Extreme weather		<input type="checkbox"/> Furnace operation		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands	<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes	<p><b><u>Light/Non-Ionizing Radiation Hazard</u></b></p> <p><input checked="" type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p><b><u>Sources of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dust/dirt</td> <td><input type="checkbox"/> Insulation</td> </tr> <tr> <td><input type="checkbox"/> Vapors/fumes</td> <td><input type="checkbox"/> Buffing</td> </tr> <tr> <td><input type="checkbox"/> Gases</td> <td><input type="checkbox"/> Fly ash</td> </tr> <tr> <td><input type="checkbox"/> Sandblasting</td> <td><input type="checkbox"/> Coal</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b><u>Confined Space</u></b></p> <p><input type="checkbox"/> Does not exist <input type="checkbox"/> Does exist</p> <p style="text-align: right;"><input type="checkbox"/> Permit <input type="checkbox"/> No Permit</p> <p><b><u>Source of Hazard</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Respiratory System</td> </tr> <tr> <td><input type="checkbox"/> Face/eyes</td> </tr> </table>	<input type="checkbox"/> Dust/dirt	<input type="checkbox"/> Insulation	<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing	<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Face/eyes	
<input type="checkbox"/> Compressed air	<input type="checkbox"/> Air cylids																																																										
<input type="checkbox"/> Hydraulic cylinders																																																											
<input type="checkbox"/> Compressed gas cyld																																																											
<input type="checkbox"/> Air oper equip/tools																																																											
<input type="checkbox"/> Rigging (under tension)																																																											
<input checked="" type="checkbox"/> Unbalanced loads																																																											
<input type="checkbox"/> Elec. Equip (resistors, capacitors, etc.)																																																											
<input type="checkbox"/> Trapped liquids (water, steam)																																																											
<input type="checkbox"/> Other: _____																																																											
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Foot	<input checked="" type="checkbox"/> Hands																																																									
<input checked="" type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																										
<input type="checkbox"/> Steam	<input type="checkbox"/> Flame																																																										
<input type="checkbox"/> Welding	<input type="checkbox"/> Sparks																																																										
<input type="checkbox"/> Brazing	<input type="checkbox"/> Chemical																																																										
<input type="checkbox"/> Hot dipping	<input type="checkbox"/> Grinding																																																										
<input type="checkbox"/> Pouring casting																																																											
<input type="checkbox"/> Extreme weather																																																											
<input type="checkbox"/> Furnace operation																																																											
<input type="checkbox"/> Other: _____																																																											
<input type="checkbox"/> Head	<input type="checkbox"/> Foot/hands																																																										
<input type="checkbox"/> Body	<input type="checkbox"/> Face/eyes																																																										
<input type="checkbox"/> Dust/dirt	<input type="checkbox"/> Insulation																																																										
<input type="checkbox"/> Vapors/fumes	<input type="checkbox"/> Buffing																																																										
<input type="checkbox"/> Gases	<input type="checkbox"/> Fly ash																																																										
<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Coal																																																										
<input type="checkbox"/> Other: _____																																																											
<input type="checkbox"/> Respiratory System																																																											
<input type="checkbox"/> Face/eyes																																																											



## Appendix O

### Containment / Regulated Area Record

CONTAINMENT/REGULATED AREA RECORD

Daily Sign-In / Sign-Out Log

PROJECT NAME: GSA BLK 107 PHASE 1 DATE: 11/15/12  
 PROJECT ADDRESS: 4300 GONDRELLOW, ST. LOUIS, MO 63120  
 SUPERVISOR: John Wm. Bickel  
 LOCATION OF CONTAINMENT: BLK 107 PHASE 1

NOTICE TO ALL PERSONNEL

All persons entering the Containment are required to sign-in and sign-out each time they enter or leave. Visitors and/or inspectors must comply with safety requirements. Respirator field test must be conducted prior to entering the Containment.

PLEASE PRINT CLEARLY

	Name	Social Security No.	Activity	Type of Respirator	Time In	Time Out	Time In	Time Out	Time In	Time Out
1.	Kevin Curtis	On File	FLOOR TILE	1/2 MASK	12:00	3:00				
2.	Allen Young	On File	FLOOR TILE	1/2 MASK	12:00	3:00				
3.		On File								
4.		On File								
5.		On File								
6.		On File								
7.		On File								
8.		On File								
9.		On File								
10.		On File								
11.		On File								
12.		On File								
13.		On File								
14.		On File								
15.		On File								



CONTAINMENT/REGULATED AREA RECORD

Daily Sign-In / Sign-Out Log

PROJECT NAME: GSA SLACK 107 PHASE 1 DATE: 11/16/12  
 PROJECT ADDRESS: 4300 GONFELLOW ST. LOUIS, MO. 63120  
 SUPERVISOR: John W. Bivard  
 LOCATION OF CONTAINMENT: PHASE 1

NOTICE TO ALL PERSONNEL

All persons entering the Containment are required to sign-in and sign-out each time they enter or leave. Visitors and/or inspectors must comply with safety requirements. Respirator field test must be conducted prior to entering the Containment.

PLEASE PRINT CLEARLY

	Name	Social Security No.	Activity	Type of Respirator	Time In	Time Out	Time In	Time Out	Time In	Time Out
1.	KEVIN CRUTHIS	On File	ACM	1/2 MASC	7:05	10:50	12:05	3:20		
2.	AUREN YOUNG	On File	ACM	1/2 MASC	7:05	10:50	12:05	3:20		
3.		On File								
4.		On File								
5.		On File								
6.		On File								
7.		On File								
8.		On File								
9.		On File								
10.		On File								
11.		On File								
12.		On File								
13.		On File								
14.		On File								
15.		On File								

CONTAINMENT/REGULATED AREA RECORD

Daily Sign-In / Sign-Out Log

PROJECT NAME: GSA Bldg 107 PHASE 2 DATE: 12/5/12  
 PROJECT ADDRESS: 4300 GOODFELLOW ST. LOUIS, MO 63120  
 SUPERVISOR: John W. Sullivan  
 LOCATION OF CONTAINMENT: PHASE 2 BLDG 107

NOTICE TO ALL PERSONNEL

All persons entering the Containment are required to sign-in and sign-out each time they enter or leave. Visitors and/or inspectors must comply with safety requirements. Respirator field test must be conducted prior to entering the Containment.

PLEASE PRINT CLEARLY

	Name	Social Security No.	Activity	Type of Respirator	Time In	Time Out	Time In	Time Out	Time In	Time Out
1.	John Sullivan	On File	ARM	1/2 MASK	7:05	10:55	12:00	3:20		
2.	Andrew Williamson	On File	ARM	1/2 MASK	7:05	10:55	12:00	3:20		
3.	Kevin Ceramis	On File	ARM	1/2 MASK	7:05	10:55	12:00	3:20		
4.	Aaron Young	On File	ACM	1/2 MASK	7:05	10:55	12:00	3:20		
5.		On File								
6.		On File								
7.		On File								
8.		On File								
9.		On File								
10.		On File								
11.		On File								
12.		On File								
13.		On File								
14.		On File								
15.		On File								

**CONTAINMENT/REGULATED AREA RECORD**

**Daily Sign-In / Sign-Out Log**

PROJECT NAME: GSA Subst 107 Phase 2 DATE: 12/8/12  
 PROJECT ADDRESS: 4300 Gossfellow St. Louis, Mo 63120  
 SUPERVISOR: John Whicker  
 LOCATION OF CONTAINMENT: Phase 2 Dist 107

**NOTICE TO ALL PERSONNEL**

All persons entering the Containment are required to sign-in and sign-out each time they enter or leave. Visitors and/or inspectors must comply with safety requirements. Respirator field test must be conducted prior to entering the Containment.

PLEASE PRINT CLEARLY

	Name	Social Security No.	Activity	Type of Respirator	Time In	Time Out	Time In	Time Out
1.	Kevin Covert's	On File	1/2 MASKED	MASK	7:05	10:55	12:00	3:20
2.	Awen Young	On File	1/2 MASKED	MASK	7:05	10:55	12:00	3:20
3.	ANDREW WILMANSSEN	On File	1/2 MASKED	MASK	12:00	3:20		
4.		On File						
5.		On File						
6.		On File						
7.		On File						
8.		On File						
9.		On File						
10.		On File						
11.		On File						
12.		On File						
13.		On File						
14.		On File						
15.		On File						

CONTAINMENT/REGULATED AREA RECORD

Daily Sign-In / Sign-Out Log

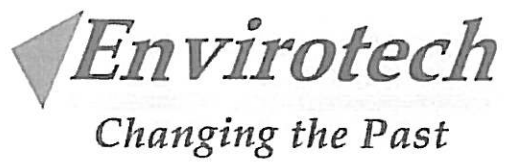
PROJECT NAME: GSRABLDG 107 PHASE 3 DATE: 12/7/12  
 PROJECT ADDRESS: 4300 GOODFELLOW, ST. LOUIS, MO 63120  
 SUPERVISOR: John V. Sivak  
 LOCATION OF CONTAINMENT: BUDG 107 PHASE 3

NOTICE TO ALL PERSONNEL

All persons entering the Containment are required to sign-in and sign-out each time they enter or leave. Visitors and/or Inspectors must comply with safety requirements. Respirator field test must be conducted prior to entering the Containment.

PLEASE PRINT CLEARLY

	Name	Social Security No.	Activity	Type of Respirator	Time In	Time Out	Time In	Time Out	Time In	Time Out
1.	John V. Sivak	On File	FLOOR TILE	1/2 MASK	5:05pm	9:00pm	10:05	1:00am		
2.	Andrew Williamson	On File	FLOOR TILE	1/2 MASK	5:05pm	9:00pm	10:05	1:00am		
3.	Kevin Cauthers	On File	FLOOR TILE	1/2 MASK	5:05pm	9:00pm	10:05	1:00am		
4.	Alex Young	On File	FLOOR TILE	1/2 MASK	5:05pm	9:00pm	10:05	1:00am		
5.		On File								
6.		On File								
7.		On File								
8.		On File								
9.		On File								
10.		On File								
11.		On File								
12.		On File								
13.		On File								
14.		On File								
15.		On File								



## **Appendix P**

### **Waste Manifest**

# TRANSPORTATION AND DISPOSAL MANIFEST

12124

Profile # 43381011485

GENERATOR	1. WORK SITE NAME AND MAILING ADDRESS GSA GOODFELLOW FEDERAL CENTER BLDG 107 4300 GOODFELLOW ST. LOUIS, MO 63120		OWNER'S NAME GSA	OWNER'S PHONE # 816-823-2260	
	2. OPERATOR'S NAME AND ADDRESS Envirotech, Inc. 2737 Papin Street St. Louis, MO 63103		OPERATOR'S PHONE # 314-865-1293		
	3. WASTE DISPOSAL SITE (WDS) NAME: ROXANA LANDFILL PHYSICAL SITE LOCATION: 4600 CAHOKIA CREEK ROAD ROXANA, IL 62084 MAILING ADDRESS: 4600 CAHOKIA CREEK ROAD ROXANA, IL 62084 WDS PHONE: 618-656-3929				
	4. RESPONSIBLE AGENCY NAME: MODNR ADDRESS: JEFFERSON CITY, MO				
	5. DESCRIPTION OF MATERIALS:		6. CONTAINERS NO. TYPE	7. TOTAL QUANTITY M <sup>3</sup> (YD <sup>3</sup> )	
	FLOOR TILE & MASTIC		97 BAGS		
			25 CARPETS		
	PIPE INSULATION		17 WRAPS	(40 YD)	
8. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION: RQ <u>Class 9</u> NA2212 PGIII					
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
NAME & TITLE John W. Birkix (AGENT FOR ENVIROTECH)		SIGNATURE X (b) (6)	MONTH DAY YEAR 12/18/12		

TRANSPORTER	10. TRANSPORTER 1 (Acknowledgement of receipt of materials)			
	NAME ALLIED REPUBLIC	TITLE <del>AGENT</del>	SIGNATURE	
	ADDRESS 12976 ST. CHARLES ROAD BRIDGEMAN, MO 63044	PHONE 636-947-5959	DATE 12/12/12	
	11. TRANSPORTER 2 (Acknowledgement of receipt of materials)			
NAME Mike Tillman	TITLE	SIGNATURE X (b) (6)		
ADDRESS	PHONE	DATE 1/1		

DISPOS SITE	12. DISCREPANCY INDICATION SPACE:			
	13. WASTE DISPOSAL SITE OWNER OR OPERATOR: CERTIFICATION OF RECEIPT OF ASBESTOS MATERIALS COVERED BY THIS MANIFEST EXCEPT AS NOTED IN ITEM 12			
	NAME & TITLE Crystal Huston	SIGNATURE X (b) (6)	MONTH DAY YEAR 12/12/12	

933799