

SAFETY TASK ASSIGNMENT

The STA should be completed daily for each task. Post this STA in a conspicuous location throughout the length of the task. Each crewmember involved with the task should sign this STA. At the end of the task, give this STA to the Project Management. If deviation from known safe work practice/procedure occurs, work must be stopped.

Supervisor: _____
 Job #: _____ Date: _____
 Location of Task: _____
 Task Description: _____

Does task require special training? Yes No
 If yes, what type? _____

Personal Protective Equipment Required

	Yes	No	Type
Fall Protection Body harness; lifelines; barricades	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye/Face Mono goggles; face shield; hood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respirator SCBA; hoseline; HEPA; dust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot Protection Safety shoes; rubber hip boots	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand Leather; chemical resistant; gauntlets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clothing Coveralls; welding shield; sleeves; rain suit; FRC; disposable; life vest	<input type="checkbox"/>	<input type="checkbox"/>	_____

Procedures/Programs Required

	Yes	No
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>
Lock, Tag, Try	<input type="checkbox"/>	<input type="checkbox"/>
Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Signs/Barricades	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
Crane Lift	<input type="checkbox"/>	<input type="checkbox"/>
Line Breaking	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tapping	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Employee Certification Required

	Yes	No
Crane Operator	<input type="checkbox"/>	<input type="checkbox"/>
Forklift Operator	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Equipment Operator	<input type="checkbox"/>	<input type="checkbox"/>
Power-Actuated Tool User	<input type="checkbox"/>	<input type="checkbox"/>
Competent Person (Lead, Asbestos, Excavations, confined space, Hazardous Materials, scaffolds)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

General Information

	Yes	No
Was Safety involved in the planning of this job?	<input type="checkbox"/>	<input type="checkbox"/>
Have the weather conditions been considered for the task?	<input type="checkbox"/>	<input type="checkbox"/>
User inspection is required on all tools, ladders, electrical cords, rigging, and safety equipment. Has this been completed?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
After scaffolds/ladders were inspected, was the inspection tag signed?	<input type="checkbox"/>	<input type="checkbox"/>
Has a hazard assessment been completed with chemicals/materials identified?	<input type="checkbox"/>	<input type="checkbox"/>
Has a fire watch or vessel attendant been trained and assigned?	<input type="checkbox"/>	<input type="checkbox"/>
Are flammable/ combustible materials stored, separated, inspected, and secured per procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Have areas been identified that require fall protective systems (i.e. barricades, static lines, hole covers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have they been installed?	<input type="checkbox"/>	<input type="checkbox"/>
Location of the nearest safety shower: _____		
Where are trash receptacles available? _____		
Evacuation staging area: _____		



CONTRACTOR
SAFETY PROGRAM

