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TASK SAFETY ANALYSIS

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Rev Date	Rev #	Description	Revised By
09/01/13	1	Reformat	A. Holland
04/01/14	**2**	**Change Title "Job to Task", update sequence steps.**	**A. Holland**
08/11/16	3	Change Logo & company name to MAPP	L. Blanchard

I. PURPOSE AND SCOPE

A. A Task Safety Analysis (TSA) is a planning tool designed to help work crews assess and address health and safety hazards that have the potential to cause serious injury or illness (e.g. tool use, manual handling, and work at elevations).

B. A TSA shall be developed and documented prior to beginning each field related work activity. A TSA is a work task planning tool technique that focuses on work tasks as a way to identify hazards before they occur. It focuses on the worker, the task, the tools, and the work environment. They are conducted daily for each job task to help the workgroup to help identify:

1. Steps involved in performing the work task.
2. Hazards associated with each step and with adjacent work or processes.
3. Controls for the hazards identified.
4. Appropriate protective equipment (PPE).
5. Necessary resources (personnel, tools, equipment, etc.) to complete the task without incident.

II. RESPONSIBILITY

A. HSE policy implementation responsibilities are stated in **HSE40-001, HSE Roles and Responsibilities**. Additional management, employee, and subcontractor responsibilities are stated in individual procedures that address responsibilities specific to the HSE topic.

B. The MAPP Superintendent is responsible for implementing and managing the MAPP TSA process on his/her project. They shall insure TSAs are kept on file for auditing and client review purposes.

C. The Subcontractor Foreman and MAPP Superintendent shall insure all participating workers are have reviewed and signed the TSA prior to the start of any daily work activity.

D. Work shall stop when conditions change, the task changes, or a deficiency in the plan is discovered and the current TSA will be modified or a new TSA created.

III. TASK SAFETY ANALYSIS PROCESS

A. The task safety analysis shall be completed on the **MAPP TSA Form, HSE25-002** and utilizing the information, hazards, and controls identified in the **Pre Work Assessment, HSE66-002** for the scope of work.

B. Complete all fields at the top of the TSA regarding project, contractor, and task details.

C. Work crew shall conduct a walk-through survey of the work area prior to beginning the completion of the TSA to review site conditions.

D. List the sequence of steps required to complete the task.

E. List the potential hazards associated with in each task step. These could be physical, mechanical, environmental, behavioral, or chemical hazards. Each crew member should be involved in identifying hazards. Note that there may be more than one hazard for each task step.

F. In the Control Plan column, state the actions that will be taken to address and control each hazard listed. All actions should be recognized as to whether the action will eliminate, isolate, or minimize the hazard.

G. The Personal Protective Equipment (PPE) necessary for the task should be identified including any task specialized PPE.

H. Identify with yes or not applicable any required special work permit or plan that is required for the task. Please reference the MAPP HSE Policy Manual for applicable policies.

I. The work crew should answer the site related questions and list the necessary resources to do the task safely, ensuring all tools and equipment have been inspected.

J. Ask each team member, who helped develop and will use this TSA, to sign in the spaces provided. Then the work crew foreman will sign the TSA form and have it authorized by the MAPP Superintendent.

K. NOTE: There is a risk identification and control table that can be used on page two to assist the work crew in identifying the hazards associated with their work task and the potential controls.

L. Review the TSA at the end of the task for improvements and learnings.

IV. TRAINING

A. Employees shall be trained on the TSA process as a part of initial hiring orientation, when employee shows lack of understanding of the process, and when the policy changes.

B. It is the subcontractor's responsibilities to provide training to their employees on the requirements of this policy, however, MAPP Construction will assist or allow subcontractor participants during our onsite training classes. "We here to help"

MAPP

Project Name: _____ Contractor Name: _____

Date: _____ Project#: _____ My Job Task: _____

TASK SAFETY ANALYSIS FORM

PART 1 – LIST SEQUENCE OF TASK STEPS	PART 2 – IDENTIFY POTENTIAL HAZARDS	PART 3 – CONTROL PLAN
Break the job down into steps, each of the steps of a job should accomplish some major task.	Identify the potential hazards associated with each step—actions or conditions that could lead to an accident.	List the control methods required to **ELIMINATE, ISOLATE** or **MINIMIZE** each significant hazard.

1. TASKS STEPS	2. POTENTIAL HAZARDS	3. ACTIONS TO ADDRESS HAZARDS

Minimum Basic PPE:
- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Ear Plugs
- ☐ Safety Toe Leather Work Boots
- ☐ Long Pants, Short Sleeve Shirt
- ☐ Leather Work Gloves
- ☐ Hi-Vis Vest/Shirt

Other: (list)

_____
_____
_____
_____

Other Standard:
- ☐ Ear Muffs
- ☐ Double (Plugs and Muffs)
- ☐ Face Shield
- ☐ Welding Hood
- ☐ Specialized Glove
- ☐ Rubber Boots
- ☐ Tyvek/Paper Suit
- ☐ Fire Resistant Coveralls (FRC)
- ☐ Respiratory Protection
- ☐ Emergency Escape Respirator

REQUIRED SPECIAL PERMIT or PLAN	Y	N/A
Confined Space Permit		
Excavation Permit & Inspection		
Energized Electrical Work Permit		
Lockout / Tagout Permit		
Crane/Lifting Plan		

WORK TOOLS (list):

Have all tools been inspected? (Ladders, Scaffolds, Cords, Fall Arrest Systems, Hand, Power, Etc.) Y ☐ N ☐

By signing below, I attest that all persons listed as "My Crew" including myself have reviewed and participated in the development of this TSA and agree to perform work as stated.

Fit for Work : I attest that all listed persons as "My Crew" are physically and mentally "Fit for work"

I attest that NO other worker / persons shall perform work under My Direction without their review, commitment and signature on this TSA to include simultaneous work being performed in the immediate area of "My Job Task"

Contractor FOREMAN:

Contractor Safety:

MAPP Superintendent Signature:

MAPP HSE Signature:

	Y	N/A	HAZARD ASSESMENT			
Utilities			☐ Power de-energization required	☐ Reviewed as-builts	☐ Safe work zone marked	☐ One Call Contacted/Subsurface survey
			☐ Wire watcher required (can have no other duties)		☐ Required clearance distance = Ft.	
Powder/Gas Actuated Tools			☐ Work Area Barricaded with Proper Warning Tag		☐ Operator has current certification for tool use and is aware of misfire procedure.	
			☐ Tool inspected prior to use and affixed with proper shields, etc.		☐ Operator has evaluated the material being shot into and proper charge used.	
			☐ Powder loads/Gas and tool stored in locked containers.	☐ Operator has reviewed work area to determine impact on others and taken appropriate precautions.		
Mobile Equipment			☐ Type to be Utilized:		☐ Qualified equipment operator	
Hand & Power Tools			☐ Inspect general condition	☐ GFCI in use	☐ Reviewed safety requirements in operators manual(s)	
			☐ Identified PPE required for each tool		☐ Guards in place as designed	
Manual Lifting			☐ Review proper lifting techniques		☐ Hand protection required	
			☐ Identified material requiring lifting equipment		☐ Back support belts to be utilized	
Hot Work			☐ Fire Watch provided during and at least 30 minutes after work completes. Name of Fire Watch Printed:		☐ All combustible material removed from the work area at least 35ft from hot work or covered by tarps, sheets, or protected by screens or shields.	
			☐ All wall and floor openings are FULLY covered.		☐ Rated fire extinguisher(s) available for fire watch	
			☐ Fire watch required in adjacent area (above/below) Name of Fire Watch Printed:		☐ Hot Work Completion Foreman Inspected: _____	Work End Time: Initial: Fire Watch End: Initial:
Fall Protection / Prevention			☐ Fall potential identified		☐ Fall system components inspected prior to each use by competent person	
			☐ Fall restraint system utilized (will not allow employee to reach falling distance)		☐ Fall arrest system utilized	
			☐ Rescue & Emergency Plan Established		☐ Proper anchorage point identified	
Ladders			☐ Inspect general condition before use		☐ Ladder tied off or held	
			☐ Ladder inspected with quarterly color code marking		☐ Proper angle and placement	
Electrical			☐ Proper Grounding/Bonding		☐ GFCI inspected and in use	
			☐ Confirmed Power De-Energization		☐ Hazards signs posted	
			☐ Insulation Blankets Required		☐ Electrical Cord(s) Inspected	
Scaffolds			☐ Inspect general condition before use	☐ Proper access/egress provided	☐ Full guard rails in place (required for all deck heights 6ft and above)	
			☐ Work area floor clear of material and debris	☐ Documented pre-shift inspection	☐ Scaffold Tag in place (noting any specific hazards)	
Working with Chemicals			☐ List specific chemicals involved and list hazards and precaution on the Task Analysis.		☐ Have proper containers and labels	
			☐ Reviewed SDS (Safety Data Sheet)	☐ Exposure Monitoring required	☐ Are all crew members familiar with nearest evacuation route?	
General Construction			☐ Inspected your work area for this shift	☐ Work areas barricaded (as necessary)		
			☐ Notify and Coordinate with adjacent work crews	☐ All Crew Members are familiar with the nearest evacuation.		

Adjacent Crew Sign-Off:
Any trade working in the same area as your crew must be briefed on work being done, and work has been coordinated by Foremen.

CONTRACTOR:_____ FOREMAN:_____ CREW INITIALS: _____ _____ _____ _____:	CONTRACTOR:_____ FOREMAN:_____ CREW INITIALS: _____ _____ _____ _____	CONTRACTOR:_____ FOREMAN:_____ CREW INITIALS: _____ _____ _____ _____	CONTRACTOR:_____ FOREMAN:_____ CREW INITIALS: _____ _____ _____ _____

CREW MEMBER NAMES (SIGNATURES) **By signing, Crew Member agrees to perform work safely, and comply with work direction as stated herein.**

After Lunch, Initial for Two Minute Drill. →	IN								