

|                           |                                   |  |  |  |                      |  |
|---------------------------|-----------------------------------|--|--|--|----------------------|--|
| AUTHORIZATION & RELEVANCY | ASSURANCE CONSTRUCTION & SERVICES |  | HAZARD ASSESSMENT & ANALYSIS WORKSHEET |  | R-15 FORMAL HAA      |  |
|                           | JOB/TASK                          |  | RECIPROCATING SAW                      |  |                      |  |
|                           | ANALYSIS BY                       |  | REVIEWED BY                            |  | APPROVED BY          |  |
|                           | HEALTH & SAFETY TEAM              |  | SERVICE MANAGER                        |  | SENIOR ADMINISTRATOR |  |
|                           | NAME                              | HARLEY WINBORN   | JAMIE HEIDE                            |  | JASON DEBOER         |  |
|                           | DATE                              | FEBRUARY 12 2015   | FEBRUARY 22 2015                       |  | FEBRUARY 24 2015     |  |
| ORIGINAL ASSESSMENT DATE  |                                   | REASON FOR THIS REVISION (ANN. REVIEW, CHANGE IN PROCEDURE, CHANGE OR NEW EQUIP., OR INCIDENT) |  |  |                      |  |
| MARCH 26 2013             |                                   | ANNUAL REVIEW  |  |  |                      |  |

|               |  |                    |   |
|---------------|--|--------------------|---|
| WHAT YOU NEED | TOOLS/EQUIPMENT USED                   | MATERIALS REQUIRED | PPE REQUIRED  |
|               | RECIPROCATING SAW, LADDER (SOMETIMES), | BLADES             | SAFETY GLASSES, GLOVES, HEARING PROTECTION, DUST MASK |

| HAZARDOUS STEPS & TASKS | STEPS /TASKS  |  | POTENTIAL HAZARDS | WHAT COULD HAPPEN  | HEALTH HAZ. | SAFETY HAZ. | PROPI EQUIP DAMAGE/ LOSS | HAZARD CONTROLS | WHAT PROTECTS YOU | ENG. CONTROL                                    | ADMIN. CONTROL | P.P. EQUIP. |   |
|-------------------------|---|--|-------------------|--|-------------|-------------|--------------------------|-----------------|-------------------|---|----------------|-------------|---|
|                         |   | DO FIELD LEVEL HAZARD ASSESSMENT   |                   |  |             |             |                          |                 |                   |   |                |             |   |
|                         |   | INSPECT TOOL & CORD  |                   | DEFECTIVE TOOLS HAA (16.17)  |             | X           |                          |                 |                   | DEFECTIVE TOOLS SWP 16.17                       |                | X           |   |
|                         |   | WARN OTHER WORKERS NEARBY  |                   | LACERATION/CUTS, DUST,   |             | X           |                          |                 |                   | SWP & DUST MASK                                 |                | X           | X |
|                         |   | WHEN WORKING OFF A LADDER, MAKE SURE YOU ARE WELL BALANCED AND HAVE SURE FOOTING   |                   | KICK BACK CAN CAUSE A FALL, YOU COULD GET OFF BALANCE AND LOOSE CONTROL OF THE SAW -> CUT YOURSELF OR DAMAGE YOUR SURROUNDINGS |             | X           | X                        |                 |                   | SET UP LADDER PROPERLY (FOLLOW SWP FOR LADDERS) |                | X           |   |
|                         |   | ENSURE PROPER BLADE  |                   | FATIGUE, RUIN BLADES   | X           |             | X                        |                 |                   | SWP   |                | X           |   |
|                         |   | POSITION YOURSELF SO THAT YOU AREN'T CUTTING TOWARD EITHER YOURSELF, SOMEBODY ELSE, OR SOMETHING EASILY  |                   |  |             |             |                          |                 |                   |   |                | X           |   |
|                         |   | TWO HANDS ON THE TOOLS AS MUCH AS POSSIBLE TO HAVE A TIGHT GRIP ON SAW & BE PREPARED FOR KICK BACK. HAND NEAREST BLADE HAVE ARM STRAIGHT WHEN PRACTICAL.                 |                   | LACERATION/CUTS, AMPUTATION  |             | X           |                          |                 |                   | TRAINING  |                | X           |   |
|                         |   |  |                   | FLYING DEBRIS & DUST- EYE INJURY & IRRITATION  |             | X           |                          |                 |                   | SAFETY EYEWEAR                                  |                |             | X |
|                         |   | IF YOU ARE CUTTING INTO AN AREA THAT YOU CANNOT SEE (CUTTING INTO A WALL), BE CERTAIN THAT NO ELECTRICAL LINES ARE PRESENT, OR THAT THE POWER IN THE AREA IS TURNED OFF. |                   | BURN IF HELD INCORRECTLY.  |             | X           |                          |                 |                   |   |                |             |   |
|                         | *NOTE UNDER WET CONDITIONS WHERE YOU ARE STANDING IN WET OR DAMP SURFACES OR ARE WET YOURSELF DO NOT USE. | ELECTROCUTION  | X                 | X  |             |             | SWP                      |                 | X                 |   |                |             |   |

| RATING SYSTEM | PROBABILITY/RISK RATING WITHOUT CONTROLS OR PROTECTION |  |  |   | SEVERITY/CONSEQUENCE RATING |  |  |   | TOTALS | PRIORITY RATING /20 |
|---------------|--|--|--|---|-----------------------------|--|--|---|--------|---------------------|
|               | 1  | LOW PROBABILITY (EXTREMELY REMOTE)                     |  |   | 1                           | FIRST AID ONLY/MINOR PROPERTY DAMAGE       |  |   |        |                     |
|               | 2  | LOW-MEDIUM PROBABILITY (REMOTE)                        |  |   | 2                           | MEDICAL AID/MINOR PROPERTY DAMAGE          |  |   |        |                     |
|               | 3  | MEDIUM PROBABILITY (MIGHT OCCUR)                       |  |   | 3                           | LOST TIME INJURY/MAJOR PROPERTY DAMAGE     |  |   |        |                     |
|               | 4  | MEDIUM-HIGH PROBABILITY (LIKELY WILL OCCUR EVENTUALLY) |  |   | 4                           | PERMANENT DISABILITY/MAJOR PROPERTY DAMAGE |  |   |        |                     |
|               | 5  | HIGH PROBABILITY (WILL OCCUR)                          |  |   | 5                           | FATAL/CATASTROPHIC PROPERTY DAMAGE         |  |   |        |                     |
|               | 1  | HEALTH   |  |   | 2                           | HEALTH                                     |  |   | 3      | →                   |
| 3             | SAFETY   |  |  | 4 | SAFETY                      |  |  | 7 |        |                     |

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