Was anyone injured or did an unplanned incident occur ° C Is the work area clean and free of debris from the day's work? □ Yes What problems did you have with today's work Management Participation What can we do to improve performance? Was it reported to the HSE department? Time: Reviewers Post STA Miscellaneous concerns: General Foreman: HSE Department: If yes, explain: assignment? Foreman: Name: Date: Powder Actuated Tools Pressurized Equipment Respiratory Protection Vehicles/Mobile Equip Working with Sharps Check the applicable activities in your area and evaluate Post STA Traffic Management Weather Conditions Marine Operations Initial Tank/Pipe Testing Working at Height | Rigging | Toxic Exposure Material Storage ☐ Lead Exposure
☐ Lifting Safety
☐ Lockout/Tagout
☐ Marine Operation Working in Cold Working in Heat Lockout/Tagout Waste Streams Pinch Points Power Lines Power Tools Others Involved Crew Members HSE Concerns Grating/Guardrail Removal High Pressure Cleaning **HSE Team Involvement** Hazard Communication Equipment Inspection Excavation/Trenching Asbestos Exposure
Asphalt
Attendants
Barricades
Cement
Chemical Exposure
Confined Space
Cranes/Lifting Equip
Dismantle/Demolition
Electrical
Emission Controls
Excavation/Trenching
Excavation/Trenching
Flammable Material
Grating/Guardrail Rer
Grinding
Hazard Communicatii
Heavy Equipment
Hot Tapping
Housekeeping
Housekeeping
HSE Team Involveme
Insects
Lawn Equipment Dismantle/Demolition Cranes/Lifting Equip safe measures:

Form Date 01Sep2009 HSE Form 000.653.F0101

Assignment Safety Task

Project Name: Client Name:

Location:

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ZERO Incidents"

Time: Task Description: Task Location: Foreman: Date:

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Return to the HSE Department upon completion

of this task.