

# Mansfield Industrial, Inc.

ENVIRONMENTAL, SAFETY & HEALTH PROGRAM

*"Safety is our competitive edge; injury free is our sacred commitment!"*

		<b>Attachment PPP-002 - B</b>	
<b>Job Supervisor</b>	<b>Date</b>	<b>Job Location</b>	<b>Job Description</b>

**For evaluations below, select! Y=Yes, (If Yes, select Risk Rating) R/R# = Risk Rating (Use KARRS Ratings of [Low] 2, 4, 8, 16, 32, 48, or 64 [High]) N=No**

Y	N	R/R#	General Safety Concerns	Y	N	R/R#	Hazards Identified	Y	N	R/R#	PPE & Hazard Controls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Experience < 1 Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slips, Trips, Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock-Out / Tag-Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/Safety Showers/Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking / Working Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Fall Protection (Harness, lanyards, & appv'd anchor pt.) (If no, written FP Plan required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation Routes/Assembly Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection Rescue Plan(include in task, side 2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Communication Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head / Eyes / Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum "T", Wheel Chocks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access/Egress Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Pressure Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounding / Bonding & Continuity Testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs/Signals/Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abrasive Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whip Checks, Flex Lance Guards, Anti-Withdrawal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% Tie-Off Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flame Retardant Clothing (FRC's)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot or Cold Temperatures (Heat Stress / Hypothermia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Resistant Clothing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitness for Duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharp tools, materials, or potential cut points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leather / Rubber /Other Gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ergonomic Issues (contact ESH Dept.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory exposures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Glasses/Faceshield/Goggles
			<b>Permit Requirements</b>				<b>Job Site Issues</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Work Permit / Work Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fires / Explosions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Exposures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 Mask
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Noise levels >90dB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Face
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation, Critical Lifting, Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch or Crush Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplied Air /SCBA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material Handling (lifting/moving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-service Equipment / Line Opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive Motion (kneeling, reaching, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber Boots
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulatory Permits (Lead, Asbestos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping (trash, debris, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber Boots w/Full metatarsal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Manifest & Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged tools or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leather Work Boots wo/Steel Toe
			<b>Ladders &amp; Scaffolding</b>				<b>Excavations</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Footing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles / Equipment (Safe to operate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leather Work Boots w/Steel Toe or w/ Metatarsal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders Tied Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical or Thermal Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Chemical Resistant Boots
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoist Rope for materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Floatation Device
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand-rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Job Site Issues</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Suits, Tyvek
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mid-rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cool Suits, Thermal Heat Suits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toe-boards/Netting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Specific Plans (Lead, Fall Protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricades, Tape, Signs, Hole-covers,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold/ladder Tags current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Fault System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand-by Person-Spotter, Traffic Control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Lighting Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Voltage or Explosion Proof Lighting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Contractor Worksite Exposures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy Variance Request/Approval
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendants – Confined Space, Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	