



# Energy Supply Job Briefing

**WORK ORDER #:**

**Date:**

*Prepare, discuss and review the job plan with the crew before beginning work and when a change is introduced to the job.*

Specific Work to be Performed on this Job:

What other work in the area could affect the safety of this job? What arrangements have been made to eliminate or decrease those affects?

**WHAT TYPE(S) OF INJURY/ILLNESS AM I AT RISK OF EXPERIENCING (CHECK ALL THAT APPLY):**

<input type="checkbox"/>	Abrasion	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Electric Shock	<input type="checkbox"/>	Strain/Sprain
<input type="checkbox"/>	Bite/Sting	<input type="checkbox"/>	Chemical Exposure	<input type="checkbox"/>	Foreign body in the eye	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Broken Bone	<input type="checkbox"/>	Cut/Laceration	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Electric Flash	<input type="checkbox"/>	Heat Stress/Exhaustion	<input type="checkbox"/>	Other:

Notes or Comments about injuries:

**INJURY/HAZARD MITIGATION CONTROLS and/or PRACTICES (MARK & DISCUSS ALL THAT APPLY):**

<input type="checkbox"/>	Confined Space Permit	<input type="checkbox"/>	Safe material handling (SWP Sect. 30)	<input type="checkbox"/>	Hard Hat
<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	Safe manual material handling	<input type="checkbox"/>	Safety Glasses or Goggles (circle one)
<input type="checkbox"/>	Energized Work Permit	<input type="checkbox"/>	Stretching before work	<input type="checkbox"/>	Glasses/goggles and Faceshield
<input type="checkbox"/>	Excavation Permit	<input type="checkbox"/>	Tool inspection	<input type="checkbox"/>	Gloves, type: _____
<input type="checkbox"/>	Radiation Work Permit	<input type="checkbox"/>	Rigging inspection	<input type="checkbox"/>	Steel toed shoes
<input type="checkbox"/>	Hazardous Energy Control	<input type="checkbox"/>	Safe chemical handling (SWP Sect. 17)	<input type="checkbox"/>	Ear plugs and/or muffs
<input type="checkbox"/>	Line Breaking Program	<input type="checkbox"/>	Safe flammable handling (SWP Sect. 10)	<input type="checkbox"/>	Respirator, type: _____
<input type="checkbox"/>	Scaffold Program	<input type="checkbox"/>	MSDS Review	<input type="checkbox"/>	Clothing, type: _____
<input type="checkbox"/>	Fall Protection Program	<input type="checkbox"/>	Eye Wash &/or Shower	<input type="checkbox"/>	Cooling vests &/or cooling fans
<input type="checkbox"/>	Work Area Protection Program	<input type="checkbox"/>	Compressed gas safety (SWP Sect. 19)	<input type="checkbox"/>	Reflective or Hi-visibility vest
<input type="checkbox"/>	Safe Cutting Tool Program	<input type="checkbox"/>	Electric safe practices (SWP Sect. 8)	<input type="checkbox"/>	Air monitoring, type: _____
<input type="checkbox"/>	Safe ladder use (SWP Sect. 26)	<input type="checkbox"/>	Avoid Pinch Points	<input type="checkbox"/>	Shade or shelter
<input type="checkbox"/>	Safe housekeeping of floors	<input type="checkbox"/>	Avoid Line of Fire	<input type="checkbox"/>	Lighting or Area illumination
<input type="checkbox"/>	Evacuation Plan	<input type="checkbox"/>	Awareness of surroundings	<input type="checkbox"/>	Ventilation/Air movers
<input type="checkbox"/>	Vehicle safety (SWP Sect. 45)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Detailed work plan (required if supervisor or workers determine risk of injury to be high).

Continued next page:  YES  NO

Communication Radio Channel #:

Name of Person Filling out Job Briefing:

**NAMES OF WORKERS RECEIVING BRIEFING: (Please Print Names) Use back of form if more room is needed.**

You have the responsibility to provide constructive feedback anytime you observe another person performing an activity that could result in injury.


**Conduct a new Job Briefing if the personnel or work scope changes.**