



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.

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