

ACTIVITY	HAZARDS	SEVERITY	FREQUENCY	RISK
<p>DRIVING (DRIVING RISK IS HIGHLY IMPACTED BY ENVIRONMENTAL AND OTHER FACTORS. PLEASE EVALUATE ON AN ONGOING BASIS AND ADJUST RISK FACTOR)</p>	<ul style="list-style-type: none"> - Poor weather conditions - Driving tired or under the influence of a substance not limited to alcohol, drugs or medication of any kind. - Wildlife can cause an accident - Other drivers can cause accidents – defensive driving is a must <p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - Properly maintained vehicle - Proper Tires - Good headlights <p>Administrative</p> <ul style="list-style-type: none"> - Reduce number of trips to/from site - Limit driving to daylight hours when possible - Fill out https://kcwaunch.com/journey-management/ <p>PPE</p> <ul style="list-style-type: none"> - Seatbelts - Sunglasses 	4	2	8
<p>REPETITIVE MOTION</p>	<ul style="list-style-type: none"> - Activities like typing, answering phones or scrubbing can lead to musculoskeletal damage or issues like carpal tunnel syndrome. <p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - Proper keyboard placement - Proper seat adjustment - Proper cleaning implements 	1	3	3

MOVING HEAVY OBJECTS	<p>Administrative</p> <ul style="list-style-type: none"> - Reduce number of jobs that require repetitive motion when possible. - Change work task frequently to prevent long periods of repetitive motion <p>PPE</p> <ul style="list-style-type: none"> - NA 		3	2	6
SAMPLE ANALYSIS	<p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - Place heavy loads at waist height to reduce lifting - Use lift straps, dollies, carts or other equipment when possible. <p>Administrative</p> <ul style="list-style-type: none"> - Set policy for maximum weight of sample and equipment containers. <p>PPE</p> <ul style="list-style-type: none"> - Lift belts and hard-toe boots. 		2	2	4
	<p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - Have proper fume hood for sample washing. - Use proper equipment for containing samples. <p>Administrative</p> <ul style="list-style-type: none"> - Proper training on sample washing procedures. Wash samples only when required to achieve sampling program objectives. 				

CLEANING OF SAMPLE EQUIPMENT	<p>PPE</p> <ul style="list-style-type: none"> - Gloves, safety glasses - Chemical exposure to cleaning agents. - Exposure to sharp objects and surfaces. <p style="text-align: right;">2 2 4</p>
	<p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - Have proper fume hood for sample washing. - Use proper equipment for containing samples. <p>Administrative</p> <ul style="list-style-type: none"> - Proper training on sample washing procedures. Wash samples only when required to achieve sampling program objectives. <p>PPE</p> <p>Gloves, safety glasses</p>
LONG TERM ISOLATOIN	<ul style="list-style-type: none"> - Can lead to depression, anxiety and other psychological hazards. - Can lead to fatigue increasing risk of other activities. <p style="text-align: right;">3 2 6</p>
	<p>Hazard controls:</p> <p>Engineering</p> <ul style="list-style-type: none"> - N/A <p>Administrative</p> <ul style="list-style-type: none"> - Have policy where contractors can call friends/family when needed. - Try to schedule rotations to maximize quality time at home

PPE Checklists

Perform inspection prior to each use. If item fails inspection discard or repair if possible. If repairs possible record date repaired. Otherwise fill out checklist at beginning of every field rotation or when an item of PPE fails inspection.

This form is also in digital format at <https://kcwaunch.com/hazard-id-and-near-miss-report/>

Safety Glasses

<i>Item</i>	Ok/Not OK	Date
<i>Lens clear</i>		
<i>No cracks</i>		
<i>Side-shields intact</i>		

Fire Resistant Coveralls

<i>Item</i>	Ok/Not OK	Date
<i>Clean</i>		
<i>No tears</i>		
<i>Zipper functional</i>		
<i>Reflective tape/piping intact</i>		

Steel toed boots

<i>Item</i>	Ok/Not OK	Corrected (date)
<i>Clean</i>		
<i>No holes/tears/cracks</i>		
<i>Toe protector intact</i>		

Gloves

<i>Item</i>	Ok/Not OK	Corrected (date)
<i>Clean</i>		
<i>No holes/tears/cracks</i>		
<i>Meet chemical requirements if needed</i>		

PPE Training Checklist

Trainee Name: _____

Date: _____

Trainer Name: _____

Safety Glasses:

	Y/N
How to inspect lenses	
How to store glasses	
When to don glasses	

Coveralls:

	Y/N
How to wash coveralls	
Coveralls must be clean	
Coveralls must have reflective piping	
When to wear coveralls	
Coveralls must not have holes	
Coveralls must be replaced after 5 washes	

Boots

	Y/N
CSA Steel-toe rating inspection	
No holes, tears or separated soles	

Gloves

	Y/N
When to wear chemical resistant gloves	
When to wear work gloves	

Trainee sign off: _____

Supervisor sign off: _____

Pre-trip Vehicle Inspection

Perform prior to every trip. Record and save in vehicle logbook. You may use this form or your own that captures the same information. If any of the following items fail inspection the vehicle is not roadworthy and must be repaired prior to operation.

Trip Date:	Destination:	License Plate:
Item	OK/Not OK	
Tire pressure		
Spare tire/patch kit		
Windshield free of cracks		
Windshield clean		
Washer fluid level		
Visible oil leaks		
Headlights (high and low beams)		
Turn signals		
Brake lights		
Loose body panels		
Load secured		
Safety restraints		
Check engine or other warning lights		
Oil change date/mileage		

ERP Effectiveness Evaluation Form

Date ERP Implemented:

Cause/Reason for Emergency:

Emergency Type:

Emergency Reported By:

Describe event:

Describe steps taken:

Note any areas where duties unclear:

Improvement suggestions:

Accident Investigation Field Form

Reported by:

Names of involved parties:

Location and time of accident:

Names of injured parties or owners of damaged property:

Description of injuries and damage:

Description of the accident:

Observations of scene before and during accident:

Include; Weather, lighting, environmental conditions, behavioral observations, nearby events etc.

On back: draw diagram of accident scene if able

Investigation report

Investigation performed by:

Date of accident:

Location of accident:

Parties involved:

Key evidence:

Preliminary cause determination:

Suggested corrective action:

New Hazard Assessment Form Internal Use only (to be used when new task identified in field Hazard IDs)

Job/position/work type:					Date of assessment:	
Assessment performed by: Tyler Pubben					Reviewed/revised:	
Tasks (List all tasks/activities of the job/position)	Hazards (List all existing and potential health and safety hazards)	Severity	Likelihood	Risk	Controls (List the controls for each hazard: Elimination, Engineering, Administrative, Personal Protective Equipment)	Date implemented:
		S	x	L		