

**WestLake Property Management  
Task Safety Analysis (TSA)**



**TASK** Show of Strength- Car Push **DATE** \_\_\_\_\_

<b>Steps:</b> <i>(List the task steps required to perform the work activity in the sequence they are to be carried out.)</i>	<b>Hazards:</b> <i>(List the hazards that could cause injury when the task is performed.)</i>	<b>Hazard Control Measures:</b> <i>(List the control measures required to eliminate or minimize the risk of injury arising from the identified hazard.)</i>	<b>Person(s) Assigned:</b> <i>(Who is assigned to ensure control measure in place?)</i>
Participant travel to the surface lot	Vehicular hazards	Journey Management- Use designated pathways and cross walks/look both for oncoming traffic	Participant
Warm Up	Strains/Sprains	Warm Up/Stretch	Participant
Car Push- Start	Hand Hazards- Possible hot surfaces, Pinch Points, Cut Hazards	PPE Gloves/Proper Hand Placement and body position/Vehicle Inspection	Participant/ Wellness Staff
	Vehicular hazards (vehicle roll back)	Wheel Chocks- Use wheel chocks and communication between participant and driver to prevent potential vehicle rollback	Participant/ Wellness Staff
	Vehicular hazards (traffic)	Course Area and Tent area to be barricaded of with Caution Tape/Cones. Use of area to be communicated and coordinated with Helios Plaza/Security	Wellness Staff
Participant(s) to push car	Slips/Trips/Falls	Proper Footwear/Course to be inspected for debris/Course to be swept to remove loose debris/Hazards to be identified and communicated to participants	Participant/ Wellness Staff
	Heat Stress/Over Exertion	Cool down tent/shaded area to be provided to participants. Sunscreen, Liquids, First Aid/AED equipment to be onsite. Participants to review Heat Stress symptoms. Medical evaluation and waiver to be signed by participants prior to commencing event.	Participant/ Wellness Staff
Car Push- Finish	Slips/Trips/Fall	Participant to back away from vehicle upon completion of car push. Driver to apply brakes gently after participant is clear from vehicle.	Participant/ Wellness Staff
Cool Down	Strains/Sprains	Cool Down/Stretch	Participant

**Emergency Action Plan** Discussed before Start of Job?  Yes

Emergency Muster Area: **Need to identify**

**EMERGENCY - PHONE NUMBERS:**

**Emergency: 9-911**

Construction Supt.: \_\_\_\_\_ HSSE Advisor.: George Villareal

Project Mgr.: Sheila Sharemet/Josh Thompson Other: Andy Rosas

**POST** What Worked Best?: \_\_\_\_\_

**JOB**

**REVIEW:** What Could Improve? \_\_\_\_\_

**TEAM MEMBERS**

Josh Thompson Andy Rosas \_\_\_\_\_

Sheila Sharement **Participant(s) to review and sign** \_\_\_\_\_

George Villareal \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: 281-366-5109

The signature of the Supervisor certifies the completion of the TSA .

**Report all accidents to your Supervisor immediately.**

**STOP all Unsafe Work**



## WestLake Property Management TASK SAFETY ANALYSIS (TSA)



*Instructions (The TSA shall be completed with input from all work team members):* 1. Write the name of the job or task in the space provided. 2. List the steps required to perform the work. 3. List all possible hazards involved in each step. 4. In the "Hazards Control" column, provide the corrective actions that will be taken to prevent injury from the hazards, including the resources (e.g. tools needed to do the job, additional safety equipment, etc.) to perform the work safely and to control the risk. 5. In the fourth column, list the person(s) assigned responsibility for each control measure. 6. List each team member that helped develop or will use this TSA. 7. Post the TSA at the job site. 8. Review the TSA at the end of the task for improvements. **(THE WORK SHALL STOP IF CONDITIONS CHANGE, JOB CHANGES, OR DEFICIENCY IN WORK PLAN IS NOTED.)** A new or revised TSA is required if the job scope or work conditions change.

**Review checklist while completing front page of TSA. Check all that apply.**

Required Permits	Hazards	Hazard Control Measures
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Power de-energization required <input type="checkbox"/> Insulation blankets required <input type="checkbox"/> Wire watcher required
<input type="checkbox"/> Lifting		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Crane or other Lifting Equipment	<input type="checkbox"/> Signaller assigned <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Area around crane barricaded
<input type="checkbox"/> Coring/Cutting & Drilling (CCD)		<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Ground Disturbance (Over 12")	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Reviewed as-builts <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received ground disturbance permit
<input type="checkbox"/> Energy Isolation/LOTO <input type="checkbox"/> EEW		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone Marked
<b>Required PPE</b>		
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Electrical	<input type="checkbox"/> Lock Out/Tag Out/Try Out <input type="checkbox"/> Permit required? <input type="checkbox"/> Confirm that equipment is de-energized
		<input type="checkbox"/> Reviewed electrical safety procedures
<input type="checkbox"/> Ear Plugs/Ear Muffs	<input type="checkbox"/> Excavations	<input type="checkbox"/> Permits <input type="checkbox"/> Inspected prior to entering <input type="checkbox"/> Proper sloping/shoring
<b>Eye Protection:</b>		<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire watch
<input type="checkbox"/> Face Shield		<input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Unnecessary flammable material removed
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Vehicular Traffic or Heavy Equipment	<input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Noise >85 dB	<input type="checkbox"/> Communication with equipment operator
<b>Hand Protection:</b>	<input type="checkbox"/> Hand & Power Tools:	Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
<input type="checkbox"/> Cut Resistant Gloves		<input type="checkbox"/> Inspect general cond. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool
<input type="checkbox"/> Welders Gloves	<input type="checkbox"/> <b>Hand Hazards</b>	<input type="checkbox"/> Reviewed safety requirements in operators manual(s) <input type="checkbox"/> Guarding OK
<input type="checkbox"/> Nitrile Gloves		List sharp tools, material, equipment: <b>Vehicle Trunk/Bumper</b>
	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary
<input type="checkbox"/> Rubber Gloves		<input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Elect. Insulated Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts
<input type="checkbox"/> Arm Sleeves		<input type="checkbox"/> Inspect general cond. before use <input type="checkbox"/> Ladder inspected with in last quarter
<b>Foot Protection:</b>	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Ladder tied off or held <input type="checkbox"/> Proper angle and placement <input type="checkbox"/> Reviewed ladder safety
<input type="checkbox"/> Sturdy Work Boots		<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured
<input type="checkbox"/> Safety Toe Boots	<input type="checkbox"/> <b>Slips, Trips Falls</b>	<input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate <input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Rubber Boots		<input type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored
<input type="checkbox"/> Rubber Boot Covers	<input type="checkbox"/> <b>Pinch Points</b>	<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> <b>Work zone free of debris</b>
<input type="checkbox"/> Dielectric Footwear		List potential pinch points: _____
<b>Respiratory Protection:</b>	<input type="checkbox"/> Working w/ Chemicals	<input type="checkbox"/> Working near operating equipment <input type="checkbox"/> Hand/Body positioning
<input type="checkbox"/> Dust Mask		<input type="checkbox"/> List specific chemicals involved and list hazards and precaution on front side.
<input type="checkbox"/> Air Purifying Respirator	<input type="checkbox"/> Asbestos or Lead Paint Potential	<input type="checkbox"/> Reviewed MSDS <input type="checkbox"/> Exposure Monitoring required <input type="checkbox"/> Have proper containers and labels.
<input type="checkbox"/> Supplied Air Respirator		<input type="checkbox"/> Identified proper PPE (respirators, clothing, gloves, etc.)
<input type="checkbox"/> SCBA	<input type="checkbox"/> <b>Heat Stress Potential</b>	<input type="checkbox"/> Areas to be worked may contain asbestos or lead paint <input type="checkbox"/> Asbestos controls incorporated
<input type="checkbox"/> Emergency Escape Respirator		<input type="checkbox"/> Lead based point controls in place <input type="checkbox"/> Exposure monitoring conducted.
<b>Special Clothing:</b>	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Liquids available <input type="checkbox"/> <b>Cool down periods</b>
<input type="checkbox"/> Coveralls		<input type="checkbox"/> Sun Screen <input type="checkbox"/> Reviewed Heat Stress symptoms
<input type="checkbox"/> Tyvek @ Disposable	<input type="checkbox"/> Environmental	<input type="checkbox"/> Proper clothing (i.e.. gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
<input type="checkbox"/> Safety Vest		<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
		<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
	<input type="checkbox"/> Adjacent Work/Processes	<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
		<input type="checkbox"/> Animals/reptiles/insects hazards
<b>Fall Protection:</b>	<input type="checkbox"/> <b>Barricades/covers</b>	<input type="checkbox"/> Notified them of our presence <input type="checkbox"/> Other workers adjacent, above, or below.
<input type="checkbox"/> Harness		<input type="checkbox"/> Coordinated with adjacent supervisor/customer/operator <input type="checkbox"/> Need barriers between.
<input type="checkbox"/> Double Lanyard Required		<input type="checkbox"/> <b>Caution barricade tape required</b> <input type="checkbox"/> Danger barricade tape required <input type="checkbox"/> Rigid railing required
<input type="checkbox"/> Anchorage Point Available		<input type="checkbox"/> Covers over opening <input type="checkbox"/> Warning signs required
<input type="checkbox"/> Additional Anchorage Connector Needed e.g. Cross Arm Strap, etc.		<b>Additional Information:</b>
<input type="checkbox"/> Retractable Device Needed		
<input type="checkbox"/> Horizontal Life Line System Req'd.		
<input type="checkbox"/> Fall Clearance Distance Adequate		
<input type="checkbox"/> Fall Rescue/Retrieval Plan Set Up		