

WestLake Property Management
Task Safety Analysis (TSA)



TASK Show of Strength Log Press

DATE _____

Steps: <i>(List the task steps required to perform the work activity in the sequence they are to be carried out.)</i>	Hazards: <i>(List the hazards that could cause injury when the task is performed.)</i>	Hazard Control Measures: <i>(List the control measures required to eliminate or minimize the risk of injury arising from the identified hazard.)</i>	Person(s) Assigned: <i>(Who is assigned to ensure control measure in place?)</i>
Warm-up	Strains/sprains	Gradual warm-up and practice lifts	Participant
Loading and unloading weights	Strains/sprains	Always use collars on ends of bars	Participant/Wellness Staff
	Hand hazards	Allow enough time for paying close attention to loading and unloading weights.	Participant/Wellness Staff
Pressing weight	Strains/sprains	Warm-up.Safety spotting bars engaged on power rack.	Participant
Cooldown	Strains/sprains	Exercise and/or stretch after competition.	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.: _____

Project Mgr.: _____ Other: _____

POST What Worked Best?: _____

JOB

REVIEW: What Could Improve?

TEAM MEMBERS

Clint Young _____ Josh Thompson _____

Andy Rosas _____

Sheila Sharemet _____

Supervisors Signature: _____ Date: _____ Contact Number: _____

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
Required PPE		
<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
Eye Protection:		<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
Hand Protection:	<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"/> Hand Hazards	<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: _____
	<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
Foot Protection:	<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"/> Slips, Trips Falls	<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"/> Pinch Points	<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris
<input type="checkbox"/> Dielectric Footwear		List potential pinch points: _____
Respiratory Protection:	<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"/> Heat Stress Potential	<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.
Special Clothing:	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Liquids available <input type="checkbox"/> Cool down periods
<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
Fall Protection:	<input type="checkbox"/> Barricades/covers	<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"/> Caution barricade tape required <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.	Additional Information:	
<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		