

Figure 7.2 Daily Safety Planner

<p>Employee Planning Checklist</p> <p>Complete the checklist for each new work operation. Check the "YES" box for those items needed to safely perform your work. All boxes marked "YES" should be properly addressed before the work operation begins.</p>	<p style="text-align: center;">Supervisor's Safety & Health Audit</p> <p>Times: _____</p> <p>Initials: _____</p> <p style="text-align: center;">Safety and Health Suggestions</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Immediately report all accidents, injuries, fires, hazardous material spills and near miss incidents, no matter how slight, to your supervisor.</p>	<p style="text-align: center;">Personal Safety & Health Planner for Your Daily Safety Huddle</p> <p>Employee Name: _____</p> <p>Date: _____</p> <p>Employee Number: _____</p> <p>Craft: _____</p> <p>Supervisor: _____</p> <p>Location of Work: _____</p> <p>Work Description: _____</p> <div style="text-align: center;">  </div>
<p>Employee Daily Work Area Assessment</p> <p>All conditions must be satisfied in order to start or continue working. Formally check your work area at least four times a day and at the start of each new work operation. Report all problems to your supervisor</p>		

<p>Employee Preplanning Checklist</p> <p>Yes N/A Personal Protective Equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Hard Hat/Safety Glasses</p> <p><input type="checkbox"/> <input type="checkbox"/> Face Shield</p> <p><input type="checkbox"/> <input type="checkbox"/> Goggles – Cutting, Chemical, Dust</p> <p><input type="checkbox"/> <input type="checkbox"/> Hearing Protection _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Respirator – Type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Gloves – Type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Clothing – Type _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Foot Protection _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>Yes N/A Special Equipment:</p> <p><input type="checkbox"/> <input type="checkbox"/> Harness/Double Lanyards/Decelerator Device</p> <p><input type="checkbox"/> <input type="checkbox"/> Life Line – Horizontal, Vertical, Retractable</p> <p><input type="checkbox"/> <input type="checkbox"/> Air Monitor</p> <p><input type="checkbox"/> <input type="checkbox"/> Tripod/Rescue Devices</p> <p><input type="checkbox"/> <input type="checkbox"/> Barricades/Flagging</p> <p><input type="checkbox"/> <input type="checkbox"/> Fire Extinguishers</p> <p><input type="checkbox"/> <input type="checkbox"/> Signs</p> <p><input type="checkbox"/> <input type="checkbox"/> Electrical Insulating Materials, Blankets, Tools, Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> Chemical/Oil Spill Kits</p> <p><input type="checkbox"/> <input type="checkbox"/> Communication Devices – Radios, Horns</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>Yes N/A Work Permits:</p> <p><input type="checkbox"/> <input type="checkbox"/> Activity Hazards Analysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Trench and Excavation Notice</p> <p><input type="checkbox"/> <input type="checkbox"/> Confined Space Permit</p> <p><input type="checkbox"/> <input type="checkbox"/> Welding and Cutting Permit</p> <p><input type="checkbox"/> <input type="checkbox"/> Crane and Hoist Lift Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Crane Suspended Work Platform</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p> <p>Tagging Procedure:</p> <p><input type="checkbox"/> <input type="checkbox"/> Scaffolding</p> <p><input type="checkbox"/> <input type="checkbox"/> Lockout/Tagout _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>
<p>Employee Daily Work Area Assessment</p> <p>Times: _____</p> <p>Initials: _____</p> <p>A means of safe access and egress is provided to my work area. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>My work area is clean and organized <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I have the tools and equipment necessary to perform my work. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>My work area has adequate lighting. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I know how to, and have the means available, to summon emergency assistance. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I have a copy of or have been trained on the MSDS for the hazardous material I am working with. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>The equipment I am working on, or working in, has been properly tagged out/locked out, cleaned, vented, and drained, as well as stored energy released as required. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>My work operation is properly controlled so that other workers will not be adversely affected by dust, fumes, sparks, slag, welding flash, floor holes, fall hazards, falling objects, overhead loads, slippery surfaces, etc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I have performed an act of safety. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I have the necessary training to safely perform my work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>