



Header

Submission ID	192800	Submission Date	2024-02-27 10:26:31
Form Created Date	2024-02-27 10:23:52	Date	2024-02-27
Submitted By	Lachapelle, Rob-Admin	Supervisor	Lachapelle, Rob-Admin
Site	225 Fielding Office	Department/Job	Office
Area/Level	Board Room	Workplace	STS-1320
Shift	Afternoons		

Pre-Task Assessment

Assigned Tasks to be Performed	STS-1320
Workplace Score	1
Job Definition Score	1
Experience Score	1

Worst Case Scenario

List the worst thing that can happen to you or your coworkers at your workplace	STS-1320
What are you doing about it?	STS-1320

Safety Checks

Why are you BEING SAFE?	STS-1320
Is the travelway in good order?	N/A
Is the housekeeping in good order?	N/A
Is the ventilation in good order? (Condition, Volume, Quality)	N/A
Is dust control in good order?	N/A
Are ground conditions in good order?	N/A
Are communication tools in good order? (radio, telephone etc.)	N/A
Are the signs and barricades in good order?	N/A
Are your hand tools in good order?	N/A
Do you require/have locks and tags?	N/A
Do you have the proper PPE?	N/A
Do you have a hot work permit?	N/A
Do you have the SDS for the chemicals you are using?	N/A
Will you be working at heights and require a rescue plan? Or do you require a travel restraint?	N/A
Are you registered for Working Alone?	N/A
Do you have the prints, procedures or risk assessments for your work?	
Have you communicated with the mobile equipment operators in the area?	N/A
Comments	
I am committed to working safety!	Yes
Supervisor Comments	

Workplace Conditions

Start State Details
None
Start State Pictures of the Workplace
No Data Available
End State Details
None
End State Pictures of the Workplace
No Data Available

Signatures

Supervisor Signature	Manager Signature	Other Signature
No Data Available	No Data Available	No Data Available

Review

End of Shift Review	No Data Available
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Report Distribution

Distribution	No Data Available
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Reviewers

Name	Position	Date
No Data Available		