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| Job Description |  |
| **Job Date:**       | **Job Location:**       | **JRA No.:**       |
| **Job Description:**       |
| **Permit No. / Other Reference:**       |
| **Job Step** | **Hazard / Consequence***Use Hazard Sources on page 2 to identify potential hazards*  | **Controls***Use the Control Hierarchy on page 2 to determine specific, actionable controls which protect against the hazard* | **Person Responsible***Person who will ensure control is in place* |
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| **Potential Hazard Sources**  |
|  |  |  |  |  |  |  |
| **Electrical*** Shock
* Ignition Source
* Grounding
 | **Motion*** Struck By
* Caught Between
* Rotating Equipment
 | **Pressure / Temperature*** Gas/Liquid
* Vacuum
* Hot/Cold Material
 | **Gravity / Energy*** Dropped Objects
* Fall from Elevation
* Tension
* Ground Disturbance
 | **People*** Fatigue
* Ergonomics
* Communication
* SIMOPS
* Community
 | **Environment*** Weather
* Lighting
* Noise
* Confined Space
* Vibration
 | **Hazardous Material*** Flammable
* Asphyxiates
* Radiation
* Biological
* Waste
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| **Work Crew:** Sign if all of your questions have been answered and you are ready to proceed. |
| Name | Signature | Name | Signature |
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| Is Work Safe to Proceed? |
| By signing below, I confirm that:* The work location is adequately identified (e.g. hazard tape, barriers)
* The Controls adequately protect against the Hazards identified
 | * The job has been reviewed with the Work Crew
* Each member of the Work Crew is clear on their responsibilities
 |
| Job Supervisor | Signature  | Date |
|       |  |       |

**Upon completion of the job advise site supervision of any identified improvement opportunities for future job planning.**