

# TASK SAFETY ANALYSIS (TSA)



**TASK:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Does your work require any permits?  No  Yes Please list permit number \_\_\_\_\_

<b>Task 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 hazard that could cause injury when the task is performed.)</i>	<b>Safe Work Plan / Resources:</b> <i>(List the control measures required to eliminate or minimize the risk of injury arising from the identified hazard. Specific types of PPE, permits, procedures, training, tools, equipment, materials, people, etc.)</i>

Fire Systems Affected?  No  Yes, list systems \_\_\_\_\_ Action Taken \_\_\_\_\_  
 Emergency Action Plan Discussed before Start of Job?  Yes  No  Yes – address hazards on checklist  
 Have you located closest Eyewash, Fire Extinguisher?  Yes  No  Yes – address hazards on checklist  
 Emergency Evacuation/Muster Area and Severe Weather Shelter: \_\_\_\_\_ Is BU/Other Rep. notification required?  No  Yes Name of notified person? \_\_\_\_\_  
 Project Manager (sign if visited work area): \_\_\_\_\_

**Naperville / Cantera 2**  
**Emergency 630-420-5555 or x 5555**  
**Non – Emergency 630-420-4431**

**30 S. Wacker**  
**911 and then 312-594-5555**  
**312-594-0001**

Designated Approver (Print and sign): \_\_\_\_\_ Contact Number: \_\_\_\_\_

## TASK SAFETY ANALYSIS (TSA)

*Instructions (The TSA shall be completed with input from all work team members):* **1. TSA must be completed for each task at the work location.** 2. Write the name of the task, location (building and room number), and date in the space provided. 3. List the task steps required to perform the work. 4. List all possible hazards involved in each step. 5. In the "Safe Work Plan / Resources" column, provide the control measures that will be taken to prevent injury from the hazards and to control the risk and include **specific** tools needed to do the job, additional safety equipment, etc. to perform the work safely. 6. Each team member shall review and **SIGN** the TSA. 7. Designated Approver shall print and sign TSA prior to the start of work, at the job location. 8. Post the TSA at the job site. 9. A new or modified TSA is required if the job scope or work conditions change. **THE WORK SHALL STOP IF CONDITIONS CHANGE, JOB CHANGES, OR DEFICIENCY IN WORK PLAN IS NOTED.** 10. After the work is complete, please return the TSA to the CAFO HSE Dept.

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

Req. Permits or Authority	Hazards	Hazard Control Measures
<input type="checkbox"/> Asbestos/Lead	<input type="checkbox"/> Working on roof	<input type="checkbox"/> 2 way radio <input type="checkbox"/> Buddy System <input type="checkbox"/> 6' from roof edge (fall protection)
<input type="checkbox"/> Yellow Tag / Ready to Work	<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"/> Roof Access		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Confined Space	<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"/> Lift		<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Reviewed as-builts <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Scanning / Ground Penetrating Radar (GPR)
<input type="checkbox"/> Coring/Cutting		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone Marked
<input type="checkbox"/> Excavation (Over 12")	<input type="checkbox"/> Electrical	<input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Check equipment <input type="checkbox"/> Confirm that equipment is de-energized
<input type="checkbox"/> Energy Isolation/LOTO		<input type="checkbox"/> Reviewed electrical safety procedures
<input type="checkbox"/> Energized Electrical Work	<input type="checkbox"/> Eye Hazards	<input type="checkbox"/> Dust <input type="checkbox"/> Debris
<b>Required PPE</b>		
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Excavations	<input type="checkbox"/> Inspected prior to entering <input type="checkbox"/> Proper sloping/shoring/benching
<input type="checkbox"/> Ear Plugs/Ear Muffs		<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water
<b>Eye Protection:</b>		
<input type="checkbox"/> Safety Glasses	<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"/> Face Shield		<input type="checkbox"/> Communication with equipment operator <input type="checkbox"/> Work behind a hard barricade
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Noise >85 dB	<input type="checkbox"/> Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Hand & Power Tools:	<input type="checkbox"/> Inspect general cond. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool
<b>Hand Protection:</b>		
<input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Hand Hazards	List sharp tools, material, equipment: _____
<input type="checkbox"/> Welders Gloves		<input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary
<input type="checkbox"/> Nitrile Gloves	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Cotton Gloves		<input type="checkbox"/> Hand protection required
<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Working At Heights	<input type="checkbox"/> Anchorage Point Available <input type="checkbox"/> Fall Clearance Distance Adequate
<input type="checkbox"/> Elect. Insulated Gloves		<input type="checkbox"/> Fall Rescue/Retrieval Plan Set Up <input type="checkbox"/> Guard Rail System
<input type="checkbox"/> Arm Sleeves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Ladder properly setup <input type="checkbox"/> Ladder tied off
<b>Foot Protection:</b>		
<input type="checkbox"/> Slip Resistant Shoes	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> _____ <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured
<input type="checkbox"/> Safety Toe Boots/Shoes		<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"/> Slips, Trips Falls	<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"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris
<b>Fall Protection:</b>		
<input type="checkbox"/> Harness	<input type="checkbox"/> Working w/ Chemicals	List potential pinch points: _____
<input type="checkbox"/> Double Lanyard Required		<input type="checkbox"/> Working near operating equipment <input type="checkbox"/> Hand/Body positioning
<input type="checkbox"/> Additional Anchorage Connector	<input type="checkbox"/> Asbestos or Lead Paint Potential	List specific chemicals involved and list hazards and precaution on front side
Needed e.g. Cross Arm Strap, etc.		<input type="checkbox"/> Reviewed MSDS <input type="checkbox"/> Have proper containers and labels.
<input type="checkbox"/> Retractable Device Needed	<input type="checkbox"/> Heat Stress Potential	<input type="checkbox"/> Identified proper PPE (clothing, gloves, etc.)
<input type="checkbox"/> Horizontal Life Line System Req'd.		<input type="checkbox"/> Areas to be worked may contain asbestos or lead paint <input type="checkbox"/> Asbestos controls incorporated
<b>Special Clothing:</b>		
<input type="checkbox"/> Nomex	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Lead based paint controls in place <input type="checkbox"/> Exposure monitoring conducted.
<input type="checkbox"/> Coveralls		<input type="checkbox"/> Liquids available <input type="checkbox"/> Cool down periods <input type="checkbox"/> Sun Screen
<input type="checkbox"/> Tyvek ® Disposable	<input type="checkbox"/> Environmental	<input type="checkbox"/> Reviewed Heat Stress symptoms <input type="checkbox"/> Identify Shaded Areas
<input type="checkbox"/> High Visibility Vest/Shirt		<input type="checkbox"/> Proper clothing (i.e., gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods
<input type="checkbox"/> Fire Retardant Clothing (FRC)		<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<b>Respiratory Protection:</b>		
<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Barricades/covers	<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
<input type="checkbox"/> Half Mask Respirator		<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Animals/reptiles/insects hazards
<b>Additional Information:</b>		