

**FIVE STEPS FOR SAFETY**

1. BE FIT FOR DUTY

2. CHECK WORK AREA CONDITIONS

3. UNDERSTAND THE TASK

4. UNDERSTAND THE HAZARDS AND IMPLEMENT CONTROLS

5. ENSURE TOOL CONDITION & ADEQUATE PPE

**SAFETY & HEALTH RISK MATRIX**  
(Risk= Likelihood of occurrence x Consequence)

16	12	8	4	<b>CONSEQUENCE</b> (Outcome of Event)  Major (4)  Significant (3)  Moderate (2)  Minor (1)	<b>Safety &amp; Health Risk</b>  Multiple Permanent Disability or Fatality  Lost time or restricted activities case  No day lost injury  No injury or first aid case	<b>Hygiene Effects</b>  Multiple LTA, Permanent Disability or Fatality  Reversible effects (Recovery more than 7 days)  Medium health effects (Recovery in less than 7 days)  Low health effects (recovery within hours)	<b>Estimated Loss (USD)</b>  (1) Equipment Damage > 5 MM (2) Business Interruption 250,000 - 5 MM (3) Legal Liability 10,000-250,000 < 10,000
12	9	6					
8	6	4					
4	3	2					
<b>Almost Certain (4)</b> Recurring Event (Occurs more than twice per year)  Occurs continuously during shift or week	<b>Likely (3)</b> Event that may occur frequently (Occurs once or twice per year)  Occurs 30 days or more per year	<b>Possible (2)</b> Event that may occur (Occurs 1 -10 years)  Occurs once in 20 years	<b>Unlikely (1)</b> Event that is unlikely (Occurs 10-100 years)  Highly unlikely or expected never to happen	<b>LIKELIHOOD</b> (Probability or frequency)  Description of Frequency  Frequency for Hygiene Risk			

**SAFETY CONTACT**

Safety Pro	Ext.	Cell
1 Jodi Black	6846	928-965-0738
2 Gay Cole	7028	928-965-0756
3 George Connell	7986	928-965-2047
4 Brian Lamanna	7977	928-965-0443
5 Frank Maldonado	7986	928-965-0219
6 Heber Sullivan	6605	928-965-6597
7 Jerry Alvililar	7787	928-965-0407
8 Zach Moore	7852	928-965-1273
9 Jim Boren	7920	928-965-0759
10 Cliff Mull		928-965-2530
11 Nathaniel Hodges		928-965-0353
12 Danny Leyvas	7643	928-965-0292
13 Charley Johnson	7832	602-228-3806
14 Sigifredo Pereira	7670	928-215-1416
On Call # 928-965-6605		
<b>EMERGENCY</b> 928-865-6600		

**Rank Hierarchy of control**

First Option	Elimination measures
Second Option	Sustitution measures
Third Option	Engineering Control measures
Fourth Option	Administrative Control measures
Fifth Option	Use of appropriate PPE

# RISK ASSESSMENT CHECK LIST

<p><b>HIRA - RC</b></p>	<p>WAS THE TASK IDENTIFIED IN THE HIRA MATRIX</p>	<p>HAVE ALL THE HAZARDS &amp; RISKS BEEN IDENTIFIED?</p>	<p>ARE EMPLOYEES FAMILIAR WITH THE HAZARDS, RISKS AND CONTROLS?</p>	<p>ARE CONTROLS IMPLEMENTED IN THE FIELD?</p>	<p>ARE EMPLOYEES FAMILIAR WITH STANDARDS OR WORK PROCEDURES?</p>	
<p><b>IF THE ANSWER IS NO... ACTION IS REQUIRED PRIOR TO THE START OF ANY ACTIVITY</b></p>						
<p><b>WORK PERMIT</b></p>	<p>HOT WORK <input type="checkbox"/> Y <input type="checkbox"/> N                  OPEN HOLE <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CONFINED SPACE <input type="checkbox"/> Y <input type="checkbox"/> N                  BLUE STAKE <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>WORKING AT HEIGHTS <input type="checkbox"/> Y <input type="checkbox"/> N                  HIGHWALL <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CRITICAL LIFTING <input type="checkbox"/> Y <input type="checkbox"/> N                  FIRE EQUIPMENT <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>WORK ON ENERGIZED EQUIPMENT <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p><b>MAKE SURE TO COMPLETE AND APPROVE THE APPLICABLE WORK PERMITS IN ACCORDANCE WITH BRANCH STANDARDS                  WORK SHALL NOT BEGIN UNTIL ALL INSPECTIONS, PERMITS, TRAINING, AND CONTROL MEASURES (INCLUDING PERMITS) HAVE BEEN IMPLEMENTED</b></p>						
<p><b>ENERGY INVENTORY (LOTOTO)</b></p>	<p>ELECTRIC ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N                  HYDRAULIC ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>PNEUMATIC ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N                  THERMAL ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CHEMICAL ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N                  RADIATION <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>MECHANIC ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N                  GRAVITATIONAL ENERGY <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>OTHERS ..... <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p><b>IDENTIFY ALL NECESSARY MEANS OF ENERGY ISOLATION (LOTOTO) - REFER TO GENERAL ENERGY CONTROL STANDARD</b></p>						
<p><b>AREA DEMARICATION (FLAGGING/BARRICADING)</b></p>	<p>FALL OF MATERIALS CONES USED <input type="checkbox"/> Y <input type="checkbox"/> N                  RED FLAGGING <input type="checkbox"/> Y <input type="checkbox"/> N                  YELLOW FLAGGING <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>LIFTING/MATERIAL HANDLING OPEN HOLE (RED/WHITE) <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>OTHER TYPES OF DEMARICATION <input type="checkbox"/> Y <input type="checkbox"/> N</p>			
<p><b>FLAGGING/DEMARCATION ALONE IS NOT SUFFICIENT WHEN FALL OF PERSON HAZARDS OR OTHER SERIOUS HAZARDS EXIST</b></p>						
<p><b>TOOLS/EQUIPMENT</b></p>	<p>CONTINUITY CHECKS COMPLETED <input type="checkbox"/> Y <input type="checkbox"/> N                  WHIP CHECKS/FITTINGS FOR AIR SAFE HYDRAULIC CONNECTIONS <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CERTIFIED PRESSURE VESSELS WELDING LEADS/LUGS/ COVERED MOBILE EQUIPMENT INSPECTED <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>PROTECTION FROM FLY METAL ADEQUATE ILLUMINATION DOUBLE INSULATED/GROUNDED <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CORD FREE FROM DEFECTS OTHER: _____ <input type="checkbox"/> Y <input type="checkbox"/> N</p>		
<p><b>CHECK THE TOOLS TO MAKE SURE THEY ARE IN GOOD CONDITION AND SUITABLE FOR WORK</b></p>						
<p><b>USED OF CHEMICAL PRODUCTS</b></p>	<p>APPROVED PRODUCTS MSDS SHEET AVAILABLE PROPERLY STORED <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>SEPARATED IF HAZARDOUS APPROPRIATE PPE AVAILABLE ADEQUATE VENTILATION <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>OTHER HAZARD OR CONCERNS: _____</p>			
<p><b>ALL CHEMICAL PRODUCTS USED IN FMMO APPLICATIONS MUST BE APPROVED AND HAVE AN MSDS SHEET</b></p>						
<p><b>LIFTING OF LOADS</b></p>	<p>QUALIFIED CRANE OPERATOR COMPETENT RIGGER CERTIFIED/INSPECTED CRANE <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>RIGGING APPROPRIATELY RATED LIFTING ZONES DEMARCATED OVERHEAD CLEARANCES MET <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>GROUND CONDITION SAFE GOOD WEATHER FOR LIFTING COMMUNICATION/SIGNALING <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>OTHERS _____</p>		
<p><b>IF THE ACTIVITY IS CONSIDERED A CRITICAL LIFT IT REQUIRES COMPLETION OF A CRITICAL LIFT PERMIT AND SPECIALLY TRAINED EMPLOYEES</b></p>						
<p><b>PERSONAL PROTECTIVE EQUIPMENT</b></p>	<p>HEARING PROTECTION WELDING EQUIPMENT FALL ARREST EQUIPMENT <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>RESPIRATORY PROTECTION LIFE JACKETS CHEMICAL RESISTANT PPE <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>CHEMICAL RESISTANT GLOVES FACE SHIELD <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>OTHERS _____</p>		
<p><b>ENSURE THE PPE IS AVAILABLE AND IS APPROPRIATE TO PERFORM THE ACTIVITIES</b></p>						