



SAFE JOB PLAN

GENERAL			
Date:	Client:	Site Location:	Complex:
SJP Leader:	Trade(s) / Contractor(s) Involved:		
Job Description:			
Personnel Who Developed Plan:			
<hr/> <hr/> <hr/>			
WHAT ARE THE HAZARDS: (Check all that apply)			
<input type="checkbox"/> Confined Space <input type="checkbox"/> Asbestos <input type="checkbox"/> Excavation <input type="checkbox"/> Combustible Gas <input type="checkbox"/> Noise <input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Chemical/Toxic Substances <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Heights/Falls/Slips <input type="checkbox"/> Environmental Impact <input type="checkbox"/> Pressure <input type="checkbox"/> Other:	Comments:	
HOW WILL THE HAZARDS BE CONTROLLED: (Check all that apply)			
<input type="checkbox"/> Remove Hazard <input type="checkbox"/> Install Barriers <input type="checkbox"/> Work Platform(s) <input type="checkbox"/> Ventilate <input type="checkbox"/> Other:	<input type="checkbox"/> Delay Work <input type="checkbox"/> Isolate/De-energize <input type="checkbox"/> Special Equipment Procedures <input type="checkbox"/> Continuous Atmospheric	Comments:	
HOW WILL THE HAZARDS BE IDENTIFIED: (Check all that apply)			
<input type="checkbox"/> Danger - Do Not Enter Signs <input type="checkbox"/> Barrier Tape <input type="checkbox"/> Other Signage: <input type="checkbox"/> Other Methods:	<input type="checkbox"/> Lock-out/Tag-out <input type="checkbox"/> Barricades	Comments:	
WHAT TESTING / MONITORING EQUIPMENT IS NEEDED: (Check all that apply)			
<input type="checkbox"/> Gas Testing <input type="checkbox"/> H2S Personal Monitor	<input type="checkbox"/> LEL/H2S/O2/CO <input type="checkbox"/> Other:	Comments:	
HOW CAN THE JOB BE MADE SAFER / MORE EFFICIENT: (Check all that apply)			
<input type="checkbox"/> Review Procedures <input type="checkbox"/> Pre-job Safety Meetings <input type="checkbox"/> Previous Job Learning's <input type="checkbox"/> Control Personnel/Traffic	<input type="checkbox"/> No Unnecessary Work in Area <input type="checkbox"/> Hazard Information <input type="checkbox"/> Special Tools <input type="checkbox"/> Other:	Comments:	
WHAT SPECIAL PPE IS REQUIRED: (Check all that apply)			
<input type="checkbox"/> Special Gloves / Boots <input type="checkbox"/> Fall Arrest Equipment <input type="checkbox"/> Fire Protection <input type="checkbox"/> SABA Equipment <input type="checkbox"/> SCBA Equipment <input type="checkbox"/> Rope Access Equipment	<input type="checkbox"/> Special Clothing (Tyvek, etc.) <input type="checkbox"/> Head/Ear/Face/Eye Protection <input type="checkbox"/> Welding Protection <input type="checkbox"/> Special Communications <input type="checkbox"/> ½ Mask or Full Face <input type="checkbox"/> Other:	Comments:	
WHO NEEDS TO BE INFORMED OF THE SAFE JOB PLAN AND ACTIVITY:			
<i>Check and Print Name of Applicable Persons</i>			<i>To Be Informed By</i>
<input type="checkbox"/> Control/Operations	Name:	Sign:	
<input type="checkbox"/> Shift Manager	Name:	Sign:	
<input type="checkbox"/> Permit Control/Issuer	Name:	Sign:	
<input type="checkbox"/> Emergency Response Team	Name:	Sign:	
<input type="checkbox"/> Site Safety Coordinator	Name:	Sign:	
<input type="checkbox"/> Site/Client Contact	Name:	Sign:	
<input type="checkbox"/> Other:	Name:	Sign:	
<input type="checkbox"/> Other:	Name:	Sign:	
<input type="checkbox"/> Other:	Name:	Sign:	
AUTHORIZATION: (RESIDUAL RISK OF MED-HIGH)			<input type="checkbox"/> N/A
Safe Job Plan is Authorized By:	Name:	Sign:	

GENERAL		
Job Description:		
Project ID:	Highest Risk Consequence – Pre-SJP:	Highest Risk Consequence – Post-SJP:
Est Start Date:	Est. Completion Date:	Act Start Date:
Plan Has Been Reviewed By: (Print Name and Sign)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEVERITY ↓	LIKELIHOOD →			
	RARE (0-10%)	UNLIKELY (10-50%)	LIKELY (50-90%)	PROBABLE (>90%)
INSIGNIFICANT Easily handled by daily processes (First Aid; Minor Leak to Env.; Loss < \$500)	1	2	3	4
MINOR Some disruption possible (Medical Aid; Rstr'd Work; Non-Reportable Spill; Loss < \$15,000)	2	4	6	8
MODERATE Significant time and resources required (Lost Time; Long-Term Ill, Poll Release to Env.; Loss < \$25,000)	3	6	9	12
MAJOR Operations severely damaged (Fatality; Toxic Release to Env.; Loss < \$50,000)	4	8	12	16

LOW RISK LEVEL	
RANGE	ACTION
1-3	Action to rectify should occur within 14-21 days.

MODERATE RISK LEVEL	
RANGE	ACTION
4-9	Action to rectify should occur within 7 days.

HIGH RISK LEVEL	
RANGE	ACTION
12-16	Action to rectify should occur within 48 hrs.

ACTIVITY PLAN					
Step No.	Significant Step or Critical Activity	Potential Incidents / Hazards	Risk (Initial)	Actions to Control Risk(s)	Risk (Residual)

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