



GCI Industrial Telecom Group – Task Hazard Assessment

THA# _____

Step	Key Sequential Job Task	Energy Sources	Potential Hazards	Safeguards
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Energy Sources: E=Electrical; G=Gravity; C=Chemical; EM=Energy of Motion; H/C=Heat or Cold; B=Biological; R=Radiation; P=Pressure

PPE Requirements:

- | | |
|--|--|
| <input type="checkbox"/> Hard Hat
<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Impact Goggles
<input type="checkbox"/> Face Shield
<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Double Hearing Protection
<input type="checkbox"/> High Visibility Vests | <input type="checkbox"/> Leather Gloves
<input type="checkbox"/> Safety Toe Boots
<input type="checkbox"/> Fire Retardant Clothing
<input type="checkbox"/> Fall Protection
<input type="checkbox"/> H2S Monitor
<input type="checkbox"/> EME Monitor |
|--|--|

Post Task Review:

- Did the Scope of Work Change?
- If the scope changed, was a THA review complete?
- Did any member of the crew stop a task?
- Were there any BST Observations performed on the crew?
- Were there any lessons learned to review for similar tasks?
- Were there any improvements to the task process made?
- Site clean up complete and waste properly disposed of.
- Permits signed off and turned in.

Near Miss / Near Hit: _____



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Work Location:	Date: yyyy/mm/dd	Time: xx:xx AM/PM	THA # Initials + xx (ABC-01)
Job Description:			
WO#	IFS UID#	Work Permit#	
Notification: Immediate Notification of all Injuries / Immediate Notification of all spills			
Contact Numbers:		Phone	HID#
Emergency		EOA 911/WOA 911/MPU 911/END 911/NS 911/BAD 1200	
Control Room (EOA/WOA/MPU/END/NS/BAD)		EOA /WOA /MPU /END 6700/NS 3515/BAD 1200	
Security/Front Desk (EOA/WOA/MPU/END/NS/BAD)		EOA 5631/WOA 4441/ MPU 3300/END 6500/NS 3562/BAD 1327	
Environmental (EOA/WOA/MPU/END/NS/BAD)		EOA 5196/WOA 4375/MPU 3473/ END 6801/NS 3508/BAD 1243	
Safety (EOA/WOA/MPU/END/NS/BAD)		EOA 5647/WOA 4457/MPU 3332/END 6666/NS 3509/BAD 1221	
Work Crew: Name	HID#	New Employee	Company
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Golden Rules:		Extreme Weather Conditions:	
<input type="checkbox"/> Permit to Work (Hot/Unit/Confined Space) <input type="checkbox"/> Working at Heights <input type="checkbox"/> Energy Isolation <input type="checkbox"/> Ground Disturbance <input type="checkbox"/> Lifting Operation <input type="checkbox"/> Confined Space <input type="checkbox"/> Driving		<input type="checkbox"/> Phase I <input type="checkbox"/> Phase II* <input type="checkbox"/> Phase III** <input type="checkbox"/> Level I <input type="checkbox"/> Level II* <input type="checkbox"/> Level III** <input type="checkbox"/> Ambient Temperature <input type="checkbox"/> Wind Speed > 25 MPH <input type="checkbox"/> Wind Chill * Supervisor Approval _____ ** IMT Approval _____	
Environmental Considerations:		Critical Considerations:	
<input type="checkbox"/> Presence of wildlife consideration <input type="checkbox"/> Spill Prevention Measures in Place <input type="checkbox"/> Waste Generation / Disposal <input type="checkbox"/> Tundra Travel Permit <input type="checkbox"/> Modification to Pad or Structure (Trenching) <input type="checkbox"/> Other _____		<input type="checkbox"/> Scaffold Inspection Tag Checked <input type="checkbox"/> Stored Energy Involved <input type="checkbox"/> Proper Tools and Equipment <input type="checkbox"/> Work Past 12 Hours <input type="checkbox"/> Communications Checked <input type="checkbox"/> Equipment Worked on Correctly Identified <input type="checkbox"/> Restricted Access / Egress <input type="checkbox"/> Simultaneous Operations <input type="checkbox"/> Shift Changes <input type="checkbox"/> Classified Areas <input type="checkbox"/> Competency / Certification for Job <input type="checkbox"/> Man Lift Operation <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other _____	
General Considerations:		Hazards:	
<input type="checkbox"/> Emergency Communication <input type="checkbox"/> Emergency EVAC Plan <input type="checkbox"/> Emergency Equip. Location (Eye & Body Wash / Medical) <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Ventilation Adequate <input type="checkbox"/> Body Position / Line of Fire <input type="checkbox"/> Ascending / Descending (Stairs/Ladders/Walkways) <input type="checkbox"/> Work Location Close to Halon Discharge Nozzle <input type="checkbox"/> Safe Area Located PRI _____ SEC _____		<input type="checkbox"/> Falling Objects <input type="checkbox"/> Frostbite <input type="checkbox"/> Energy Radiation <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Atmospheric Hazards <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Electric Shock <input type="checkbox"/> Ignition / Fire / Explosion <input type="checkbox"/> Oil <input type="checkbox"/> Noise <input type="checkbox"/> Asbestos <input type="checkbox"/> Pinch Points <input type="checkbox"/> Lead <input type="checkbox"/> Loss of Well Control <input type="checkbox"/> H2S <input type="checkbox"/> Pinch Points	
Special Considerations: (Tools, Equipment, Training, Ect.)			
Operator Sign (Optional): _____		THA Completed By: _____	