

# Safety Task Assessment (STA)

## SAFETY TASK ASSIGNMENT (STA)

PLEASE REMEMBER TO REQUEST A COPY OF THE FIELD PROCEDURE

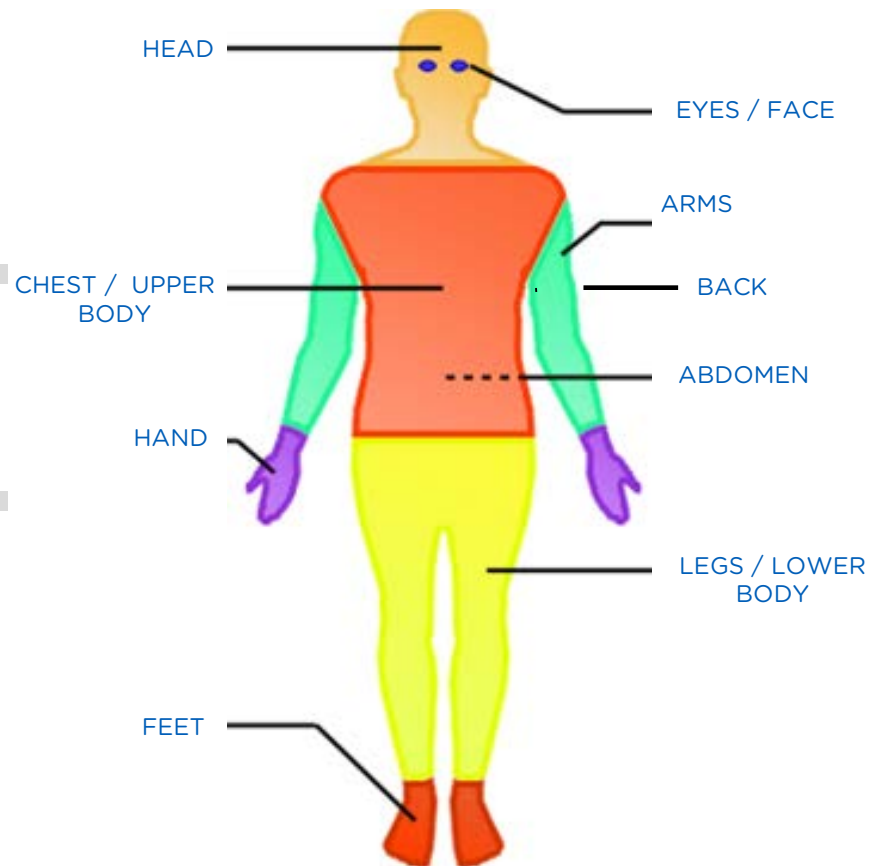
DESCRIPTION:		DATE:
SHIFT: DAY <input type="checkbox"/> NIGHT <input type="checkbox"/>	PROJECT NUMBER:	FIELD PROCEDURE NAME AND NUMBER:
SUPERVISOR:		

## EMERGENCY ACTION PLAN

ALARM DESCRIPTION:	AREA AND/OR UNIT NUMBER:
NEAREST SHELTER / ASSEMBLY AREA:	EVACUATION ROUTE DESCRIPTION:

### DO I HAVE MY SAFETY GLASSES, STEEL TOES AND HARD HAT?

<b>PERSONAL PROTECTIVE EQUIPMENT:</b> <input type="checkbox"/> Gloves (Cut Resistant/Leather/Latex, etc) <input type="checkbox"/> Respirator <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Safety Glasses/Goggles/Shields <input type="checkbox"/> Chem. Resistant Clothing/Coveralls <input type="checkbox"/> FR Clothing/Jacket/Chaps <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other	<b>HAZARDS BODY: (INDICATE BELOW IN DIAGRAM)</b> <input type="checkbox"/> OTHER: _____	<b>HAZARD COMMUNICATION [HAZCOM]:</b> <input type="checkbox"/> Discuss Physical Hazards <input type="checkbox"/> Discuss Health Hazards <input type="checkbox"/> MSDS Available <b>UNIT SPECIFIC TRAINING:</b> <input type="checkbox"/> Know Potential Hazards <input type="checkbox"/> Related to Job Task <input type="checkbox"/> Other <b>GENERAL REQUIREMENTS:</b> <input type="checkbox"/> Post Warning Signs <input type="checkbox"/> Relocate Flammables <input type="checkbox"/> Barricades <input type="checkbox"/> Ventilation/Exhaust <input type="checkbox"/> Other
<b>HOUSEKEEPING:</b> <input type="checkbox"/> Aisles Clean/Work Area Clean <input type="checkbox"/> Tools, Materials & Equipment Properly Stored <input type="checkbox"/> Waste/Trash/Scrap in Correct Containers <input type="checkbox"/> Other	<b>SPECIALIZED / HIGH RISK OPERATIONS::</b> <input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Confined Space Entry/Break the Line <input type="checkbox"/> Hydraulic Bolting (Hytorc, etc.) <input type="checkbox"/> Scaffolding/Fall Protection <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Working on Energized Electrical Circuit <input type="checkbox"/> Hazardous Chemical Operations <input type="checkbox"/> Other	<b>MISCELLANEOUS HAZARDS:</b> <input type="checkbox"/> Airborne Particulates <input type="checkbox"/> Heat/Dehydration <input type="checkbox"/> Ergo/Awkward Postures/Positions <input type="checkbox"/> Sharp Objects <input type="checkbox"/> Rotating Parts <input type="checkbox"/> Restricted Access <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Noise <input type="checkbox"/> Restricted Lighting <input type="checkbox"/> Other



## Safety Task Assessment

- The Safety Task Assignment (STA) is a tool, just like a wrench or tape measure.
- It works by finding hazards and eliminating or minimizing them before the task is performed.
- Use your STA to create the dialogue between WL and crew members for job clarification and hazard awareness.

*Note: Use the Company field procedures, work instructions, tool box talks book and request input from everyone in the crew to fill out this section. Standing in front of the work area analyze other specific risks associated with the task*

SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION/PROCEDURE	OWNER (INITIALS)

SUPERVISOR / WORK LEADER: [PRINT NAME:]	SIGNATURE:	DATE:
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I acknowledge searching for and minimizing risk, understand the supervisor's instructions, and shall fully comply with the assigned task. If I am returning from a break, then I have re-assessed my STA still adequate.



STOP WORK - YOU ARE THE LAST LINE OF DEFENSE

SSO NUMBER:	SIGNATURE:	AFTER BREAK: INITIALS:	AFTER LUNCH INITIALS:	AFTER BREAK: INITIALS: