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| Job Description | |  | | |
| **Job Date:** | **Job Location:** | | **JRA No.:** | |
| **Job Description:** | | | | |
| **Permit No. / Other Reference:** | | | | |
| **Job Step** | **Hazard / Consequence**  *Use Hazard Sources on page 2 to identify potential hazards* | **Controls**  *Use the Control Hierarchy on page 2 to determine specific, actionable controls which protect against  the hazard* | | **Person Responsible**  *Person who will ensure control is in place* |
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| **Potential Hazard Sources** | | | | | | |
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| **Electrical**   * Shock * Ignition Source * Grounding | **Motion**   * Struck By * Caught Between * Rotating Equipment | **Pressure / Temperature**   * Gas/Liquid * Vacuum * Hot/Cold Material | **Gravity / Energy**   * Dropped Objects * Fall from Elevation * Tension * Ground Disturbance | **People**   * Fatigue * Ergonomics * Communication * SIMOPS * Community | **Environment**   * Weather * Lighting * Noise * Confined Space * Vibration | **Hazardous Material**   * Flammable * Asphyxiates * Radiation * Biological * Waste |

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| **Work Crew:** Sign if all of your questions have been answered and you are ready to proceed. | | | |
| Name | Signature | Name | Signature |
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| Is Work Safe to Proceed? | | | |
| By signing below, I confirm that:   * The work location is adequately identified (e.g. hazard tape, barriers) * The Controls adequately protect against the Hazards identified | | * The job has been reviewed with the Work Crew * Each member of the Work Crew is clear on their responsibilities | |
| Job Supervisor | Signature | | Date |
|  |  | |  |

**Upon completion of the job advise site supervision of any identified improvement opportunities for future job planning.**