



Reviewed by Leadhand/Supv/Mgr.	
Initials	Date

Tailboard/JSA

Prepare, discuss and review the job plan with the work team; daily; and, whenever a change is introduced to the work.

Date(s) - _____

Project #/Name - _____

Permit # - _____

Person in Charge - _____

Site Coordinator - _____

Location/Unit - _____

Work Performed - _____

Emergency Response Plan

Identify exact location for emergency response

Muster Point

Location directions for ambulance/helicopter

How will you execute a rescue?

Have you established communication?

Emergency Numbers

Whitehorse Area:

SCC 393 5355 or 393-5324
(recorded lines)

Emergency Services 911

Hospital 393-8700

Fire Rescue (Note 1) 668 2462

Others as required:

Aishihik Plant:

SCC 393-5324 (recorded line)

H.J. Nursing 634-4444

R.C.M.P. 634-5555

Faro:

Nursing Station 994-4444

R.C.M.P. 994-5555

Dawson City:

Nursing Station 993-4444

R.C.M.P. 993-5555

Mayo:

Nursing Station 996-4444

R.C.M.P. 996-5555

Environmental Emergency SCC - 393 5355 or 393-5324 (recorded lines)

Note 1 – for communicating WFD standby requirements (site, location/unit, scope of work, duration of work etc.)

Other emergency information -

IF CONDITIONS CHANGE ... REVIEW AND REVISE THE PLAN

Have you considered?				
Gravity	Electrical	Mechanical	Kinetic	Chemical
<input type="checkbox"/> Falling from a height <input type="checkbox"/> Falling objects <input type="checkbox"/> Falling structures <input type="checkbox"/> Climbing obstructions <input type="checkbox"/> Dangerous trees	<input type="checkbox"/> Voltage (contact/induced/static) <input type="checkbox"/> Back-feed <input type="checkbox"/> Arc Flash potential <input type="checkbox"/> Step/touch potential <input type="checkbox"/> Static charge <input type="checkbox"/> Limits of approach	<input type="checkbox"/> Equipment failure <input type="checkbox"/> Conductor tension <input type="checkbox"/> Cable tension <input type="checkbox"/> Loaded springs <input type="checkbox"/> Moving parts <input type="checkbox"/> Max loads for rigging and hoisting	<input type="checkbox"/> Traffic <input type="checkbox"/> Driving conditions <input type="checkbox"/> Moving / shifting loads <input type="checkbox"/> Rotating machinery <input type="checkbox"/> Vehicle stability	<input type="checkbox"/> Toxic or poisonous <input type="checkbox"/> Flammable or explosive <input type="checkbox"/> Acidic or caustic
Body Mechanics	Noise	Environmental Issues	Tools/Equipment	Other
<input type="checkbox"/> Slips or trips <input type="checkbox"/> Lifting/twisting strains <input type="checkbox"/> Repetitive strains <input type="checkbox"/> Tight quarters	<input type="checkbox"/> Chronic > 85db <input type="checkbox"/> Explosive <input type="checkbox"/> Distraction level	<input type="checkbox"/> Aspects <input type="checkbox"/> Controls <input type="checkbox"/> Water bodies <input type="checkbox"/> Spills and leaks	<input type="checkbox"/> Fall arrest equip. <input type="checkbox"/> Inspection of tools/equipment <input type="checkbox"/> Special tools/equipment <input type="checkbox"/> Other	<input type="checkbox"/> Pressurized fluids/gases <input type="checkbox"/> Extreme heat / cold <input type="checkbox"/> Hot surfaces <input type="checkbox"/> Asbestos
Work Procedures	People	PPE	Other Precautions	Other (not listed)
<input type="checkbox"/> Permit req'd <input type="checkbox"/> Isolation of apparatus (Lockout/Tagout) <input type="checkbox"/> Written work procedures <input type="checkbox"/> Confined space <input type="checkbox"/> Hot work <input type="checkbox"/> Rescue procedures <input type="checkbox"/> Spill procedures <input type="checkbox"/> Grounding <input type="checkbox"/> Check for potential	<input type="checkbox"/> Person in charge <input type="checkbox"/> Qualification of personnel <input type="checkbox"/> Communication <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Other work groups <input type="checkbox"/> Pedestrian control <input type="checkbox"/> Public	<input type="checkbox"/> Hard hat <input type="checkbox"/> Safety eyewear <input type="checkbox"/> Arc Flash protection <input type="checkbox"/> FR clothing <input type="checkbox"/> Fall Arrest <input type="checkbox"/> Hi-vis <input type="checkbox"/> Safety footwear <input type="checkbox"/> Inspection of PPE	<input type="checkbox"/> Weather conditions <input type="checkbox"/> Lighting conditions <input type="checkbox"/> Terrain	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Crane Use	
			<input type="checkbox"/> Capacity <input type="checkbox"/> Rigging/hoisting capacity <input type="checkbox"/> Assess terrain <input type="checkbox"/> Space to operate safely <input type="checkbox"/> Overhead hazards	<input type="checkbox"/> Safe work area <input type="checkbox"/> Signal person <input type="checkbox"/> Inspect lifting equipment <input type="checkbox"/> Inspect load
Behavioural – Have you considered, discussed, or reviewed?				
<input type="checkbox"/> 'Mind on task' <input type="checkbox"/> Fatigue	<input type="checkbox"/> Distraction(s) <input type="checkbox"/> Complacency	<input type="checkbox"/> Other - <input type="checkbox"/> Other -		
Other information -				

