

SAFETY TASK ASSIGNMENT (STA)

This STA shall be completed daily for each task. Keep this STA in the work area during the length of the task. Each crewmember involved with the task will sign this STA. At the end of the task, submit this STA to Supervision. If deviation from safe work practice/procedure occurs, work must be stopped until corrected.

Foreman: _____ Job #: _____ Date: _____

Job/Task: _____

Job/Task Location: _____

Employee(s) Assigned

PRINTED	SIGNATURE	PRINTED	SIGNATURE

Personal Protective Equipment Required for This Task:

Fall Protection

Full-Body Harness
Other _____

Hand(Gloves)

Leather
Welding
Chemical Resistant
Latex
Other _____

Eye/Face

Safety glasses
Goggles
Mono-goggles
Welding Hood
Face Shield

Head

Hard Hat

Respirator

Respirator Type _____
Qualified

Foot

Safety-Toed Boots
Rubber Boots

Hearing

Ear Plugs
Ear Muffs

Clothing or other PPE required: _____

Are any Procedures/Programs Required? Check if yes, then follow applicable procedure(s) or program(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Trenching/Excavating |
| <input type="checkbox"/> Crane Lift | <input type="checkbox"/> Line Breaking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hot Tapping | <input type="checkbox"/> Scaffold | |
| <input type="checkbox"/> Hot Work | <input type="checkbox"/> Signs/Barricades | |

Is any Employee Certification Required? Check if yes, then assign or certify workers appropriately:

- Competent Person (Lead, Asbestos, Excavations, Hazardous Materials, scaffolds)
- Crane Operator
- Forklift Operator
- Mobile Equipment Operator
- Power-Actuated Tool User
- Vehicle Operator Other (specify) _____

STA INSTRUCTIONS:

1. List job steps associated with task.
2. List hazards associated with job steps.
3. List safe work practices to eliminate the hazards.

(1) JOB STEPS

(2) HAZARDS

(3) SAFE WORK PRACTICES

1. Was anyone injured or did an incident occur today? No, go to question 2

Yes, explain:

Was an accident report filled out? Yes No, why?

2. What can we do to improve performance?

3. Other safety concerns:

Date: _____

Foreman: _____

Superintendent/Supervisor: _____

SUBMIT FORM TO SUPERINTENDENT DAILY AND PROJECT MANAGER WEEKLY FOR REVIEW



North Carolina's Trusted Builder

PROJECT: _____