



Mark "X" in the applicable box

How Serious could an Injury from this work be?

How likely is an injury / accident?		How Serious could an Injury from this work be?					STOP
		Negligible 1	Minor 2	Moderate 3	Significant 4	Severe 5	
Very Likely	5						
Likely	4						
Possible	3						
Unlikely	2						
Very unlikely	1						
		Acceptable		Monitor Conditions		Plan Accordingly	

Hazard Recognition

Identify Personal Limitations:

- No procedure for the task
- Not trained on tools!
- First time performing the task
- Distractions in the area
- Instructions not clear
- Personal Distractions
- _____

Ergonomics Hazards:

- Awkward body positions
- Too heavy/awkward to lift (>50 lbs.)
- Walking area not clean or uneven
- Repetitive motion
- Prolonged twisting or bending
- _____

Work Environment Hazards:

- Work / Equipment Overhead
- Work / Equipment Below
- Gas Cylinder Placement
- Sprains / Strains
- Particles in Eye
- Overexertion
- Thermal Burn
- Chemical Burn
- Electric Shock
- Cuts/Abrasions
- Slipping or tripping hazard
- Limited access/egress
- Adequate lighting
- Position of hands
- Exposure to high/low temps
- Exposure to steam/chemicals
- Exposure to loud noise
- Exposure to dust
- Working over water
- Holes covered & identified

Personal Protective Equipment

Respiratory:

- Hood / Shield
- Particle Mask
- Supplied Air
- Pump / Filter
- Filter; Type: _____

Head/Face:

- Hardhat
- Safety glasses
- Face shield**
- Goggles
- Welding Mask; Shade # _____

Hearing/Noise:

** Required for any noises >140 dB, or 8-hr averages >85 dB for single protection and >100 dB for dual protection)*

- Ear Plugs
- Ear Muffs
- Both

Hands:

- Fabric Gloves
- Leather Gloves
- Insulated Gloves
- Cut Resistant Gloves
- Chemical Resistant Gloves
- _____

Body:

- Sleeves
- Reflective vest/high vis clothing
- Flame resistant / Nomex
- Chemical resistant
- Burn Jacket / Apron

Miscellaneous:

- Full Electrical Flash Suit
- Personal flotation device
- LOTO lock
- Metatarsal Foot Covers
- Air Monitoring Equipment
- _____

Fall Protection: (Required >6 ft.)

- Harness**
- Duel Lanyard
- Retractable Lanyard
- Shock Pack
- Restraint Lanyard
- Tie Points Identified

List points / Equipment

Work Includes:

- Connecting
- Welding
- Installing Handrail
- Installing Deck
- Dismantling Floor Etc.
- Bolt ups
- Torch Cutting
- Grinding
- Install Grating / Floor
- Cutting
- Signaling / communication
- Barricading
- Watchman (Fire, Hole, Safety, Etc.)**
- _____
- _____
- _____

Paperwork needed:

- Job Safety Action Plan (JSA)
- Project Safety Plan (PSP/SAP)
- General Procedure
- Safe Work Permit
- High Line Permit
- Electrical Permit
- Hot Work Permit
- Dig Permit / Plan
- Crit. Elevated work Plan
- Critical Lift Plan
- Line Break Permit / Tags
- Barricade / Road Close Permit / Tags
- Scaffold Permit / Plan
- LOTO Sign on/Off
- Safety Data Sheet (SDS)
- CSE Procedure /Permit /Rescue Plan
- _____
- _____

Equipment Needed:

- Guards/proper attachments applied
- Inspection Logs
- Straps to secure tool, load, pipe & etc.
- GFCI Plugs (cheaters)
- Safety Shower
- Eye Wash
- Drench Hose
- First Responder on Shift
- Ladder
- Scaffold
- Air Testing Equipment
- Barricades / Tags
- Hand Rail
- Insulation Blankets
- Fall protection (required >6 ft.)
- Taglines
- _____
- _____
- _____

Hand and Power Tools:

- Inspect before Using
- "No Hand Zone" Marked w/ Red Tape**
- Need GFCI
- Different PPE Requirements
- Review Operator's Manual
- Can't Remove Guarding
- Cut off Wheels
- _____

Ladder Use:

- Inspect Before Use
- Tall Enough For Work
- Fall Protection Required (>6 ft.)
- Adequate Footing & Securement

Additional Hazard Control:

- Communication
- Additional Help
- Housekeeping
- Team Work
- _____

Additional Pre-Work:

- Re-Check Line Identification
- Power De-Energization Required
- Review Potential for Spill
- Lines Drained and Purged
- Close Drains & Vents when Finished
- Inspect Fall Protection Equipment**
- _____
- _____

Customer Specific Reminders:

Dow Corning / HSC

- Eye protection gate to gate
- Gloves on person at all times
- Taglines whenever possible
- Smoking only in Designated Areas
- _____

Dow Chemical

- No Smoking in fence line
- Avoid ladder work whenever possible
- Rigging Plan
- Road Cones in front / behind vehicles
- Meth/Eth - Procedure for All Work

Ludington

- Taglines whenever possible
- Extra Welding Screens Needed
- _____
- _____

Elevated Work Hazards:

- Materials & tools secured
- Elevated work area complete (handrail, midrail, & toe boards)
- Planks & Bed Ladders Tied Down
- Scaffold tagged & Inspected

Fire Hazards:

- Gas Cylinder Placement
- Fire Blankets
- Fire Extinguisher (check inspection tag)**
- Dry Ice
- Air Monitoring
- Area Clean of Combustibles
- Designated Smoking Area?

Other possible site requirements

- No Ladders
- No Cell Phones
- Different Access Requirements
- Goggles Only
- _____



MAD-CARD

Make A Difference

Safety is a core value at Magnum Construction. The Magnum MAD card is a pre-job Safety Priming tool to be completed by the work group at the start of each day/new project. Some customers will require you to keep this on your person. For small jobs (simple job scope, less than 4 employees, one day or less) this card may also serve as a Job Safety Analysis (JSA). This Card Functions as JSA JSA is Seperate

Foreman:	Date:	Time:	Jobsite/Customer:
Job Description:	Valid To: <input type="checkbox"/> End of Project (< 1 Day) <input type="checkbox"/> End of Day		Building/Location:
Emergency Contact / Number:	Muster/Shelter Location:	Nearest Safety Showers:	

Workers Will: Understand and will adhere to the steps, hazards, and controls for this job; Understand that performing steps out of sequence may pose hazards that have not been evaluated nor authorized; Will contact the person who authorized work prior to continuing, if the scope of work changes or new hazards are introduced; Understand work stop authority & responsibility.

Employee Approval	Work Scope / Job	Hazards	Controls
List All Employees working on this job	List the work employee will perform	List Hazards Involved with work	List Controls for Hazards
Print Name _____ Signature _____			
Print Name _____ Signature _____			
Print Name _____ Signature _____			
Print Name _____ Signature _____			
Print Name _____ Signature _____			
Print Name _____ Signature _____			

Module II

Part I: On board Time <i>(time between arrival and work start)</i>	Part II: Non-Standard Safety Equipment	Part III: Customer Procedures:
Arrival time to site: _____	List all necessary non-standard equipment for job: <input type="checkbox"/> Hepa Fan <input type="checkbox"/> Scaffold Build <input type="checkbox"/> Manlift <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Fire Blanket <input type="checkbox"/> Gradall/Forklift <input type="checkbox"/> Dry Ice <input type="checkbox"/> Portable Wash Station Others Not Listed: _____ _____ _____	List all procedures and documents provided by Customer: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Safe Work Permit <input type="checkbox"/> Crit. Elevated Work <input type="checkbox"/> LOTO Paperwork <input type="checkbox"/> CSE Permit <input type="checkbox"/> High Line Permit <input type="checkbox"/> Add. Fire Watch <input type="checkbox"/> No Burn / No Weld <input type="checkbox"/> Roof Access Not Listed: _____ _____ _____
Start time of work: _____		
Special Circumstances for Delays: <i>(Injury, process upset, turnaround, LOPC, weather, etc)</i> _____ _____		

Authorizer (Foreman, Facility Rep, Manager, Owner) I have reviewed the steps, hazards and controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (that is, licensed or certified, as appropriate, and in full compliance with customer & regulatory training requirements) to perform this activity.

Name (print)

Signature

Date

Magnum Main Office: 989-496-3660
 Joe Kaufmann: 989-231-6717
 Kevin Rozek: 989-205-0695



MAD-CARD

Make A Difference

Safety is a core value at Magnum Construction. The MAD card is a pre-job Safety Priming tool to be completed every day before starting work. This card is specifically intended for shop work. This card is for **SHOP USE ONLY**.

Name:	Date:
If you were injured at work today, what would you miss out on?	
Job / Activity Description:	

<u>Steps</u> List 2 steps necessary for the job/activity	<u>Hazards</u> List 2 Hazards for each step	<u>Controls</u> List 2 Controls for each Hazard
	1	1A 1B
	2	2A 2B
	1	1A 1B
	2	2A 2B

Hazard Recognition	Personal Protective Equipment																		
<p>High Risk Planning** <i>**Variance or approval Required</i></p> <p><input type="checkbox"/> Task requires unglved hands</p> <p><input type="checkbox"/> Electrical Switching</p> <p><input type="checkbox"/> Working with Exotic Metal</p> <p><input type="checkbox"/> Electrical Lock Out</p> <p><input type="checkbox"/> Task requires ladder/man lift</p> <p><input type="checkbox"/> 75% capacity loads</p> <p><input type="checkbox"/> Offloading unstable delivery</p> <p>Work Environment Hazards</p> <p><input type="checkbox"/> Slipping or tripping hazard</p> <p><input type="checkbox"/> Inadequate Lighting</p> <p><input type="checkbox"/> Exposure to high/low temps</p> <p><input type="checkbox"/> Exposure to loud noise</p> <p><input type="checkbox"/> Nearby Electrical Source</p> <p><input type="checkbox"/> Exposure to dust</p> <p><input type="checkbox"/> Wet floor</p> <p><input type="checkbox"/> Holes covered & identified</p> <p><input type="checkbox"/> Wind/Draft through shop</p> <p><input type="checkbox"/> Other nearby work</p> <p><input type="checkbox"/> _____</p> <p>Hand and Power Tools:</p> <p><input type="checkbox"/> Inspect before Using</p> <p><input type="checkbox"/> No Hand Zone Marked</p> <p><input type="checkbox"/> Need GFCI</p> <p><input type="checkbox"/> Different PPE Requirements</p> <p><input type="checkbox"/> Review Operator's Manual</p> <p><input type="checkbox"/> Can't Remove Guarding</p> <p><input type="checkbox"/> Inspect cut disc/wheel</p> <p>Hoists / Lifting Equipment:</p> <p><input type="checkbox"/> Lifting Equipment Inspected</p> <p><input type="checkbox"/> Workers Protected from Overhead</p> <p><input type="checkbox"/> Rigging Straps inspected</p> <p>Fire Hazards:</p> <p><input type="checkbox"/> Fire Watch</p> <p><input type="checkbox"/> Gas Cylinder Placement</p> <p><input type="checkbox"/> Machine Coolant</p> <p><input type="checkbox"/> Fire Blankets</p> <p><input type="checkbox"/> Air Monitoring</p> <p><input type="checkbox"/> Area Clean of Combustibles</p> <p><input type="checkbox"/> Trash Can not Overflowing</p> <p><input type="checkbox"/> Fire Extinguisher near by</p> <p>Ladders:</p> <p><input type="checkbox"/> Inspect Before Use</p> <p><input type="checkbox"/> Tall Enough For Work</p> <p><input type="checkbox"/> Fall Protection Required (>6 ft.)</p> <p><input type="checkbox"/> Adequate Footing & Securement</p> <p>Ergonomics Hazards</p> <p><input type="checkbox"/> Awkward body positions</p> <p><input type="checkbox"/> Too heavy/awkward to lift (>50 lbs.)</p> <p><input type="checkbox"/> Walking Area Not Clean or Uneven</p> <p><input type="checkbox"/> Repetitive motion</p> <p><input type="checkbox"/> Prolonged Twisting or Bending</p> <p><input type="checkbox"/> Body Parts in Line of Fire</p> <p>Motor Vehicle</p> <p><input type="checkbox"/> Inspect Before Use</p> <p><input type="checkbox"/> Weekly/Monthly Checks Performed</p> <p><input type="checkbox"/> Work Area Ground is Level</p>	<p>Body</p> <p><input type="checkbox"/> Sleeves</p> <p><input type="checkbox"/> Reflective Vest/High Visibility</p> <p><input type="checkbox"/> Flame resistant / Nomex</p> <p><input type="checkbox"/> Chemical resistant</p> <p><input type="checkbox"/> Burn Jacket / Apron</p> <p><input type="checkbox"/> Flash Protection</p> <p>Hands</p> <p><input type="checkbox"/> Fabric Gloves</p> <p><input type="checkbox"/> Leather Gloves</p> <p><input type="checkbox"/> Welding Gloves</p> <p><input type="checkbox"/> Cut Resistant Gloves</p> <p><input type="checkbox"/> Chemical Resistant Gloves</p> <p>Hearing/Noise</p> <p><input type="checkbox"/> Ear Plugs</p> <p><input type="checkbox"/> Ear Muffs</p> <p><input type="checkbox"/> Both</p> <p><small>* Required for any noises >140 dB, or 8-hr averages >85 dB for single protection and >100 dB for dual protection)</small></p> <p>Head/Face:</p> <p><input type="checkbox"/> Hardhat</p> <p><input type="checkbox"/> Safety Glasses</p> <p><input type="checkbox"/> Tinted Glasses (outdoor only)</p> <p><input type="checkbox"/> Face Shield</p> <p><input type="checkbox"/> Goggles</p> <p><input type="checkbox"/> Welding Mask; Shade # _____</p> <p>Respiratory</p> <p><input type="checkbox"/> Hood / Shield</p> <p><input type="checkbox"/> Particle Mask</p> <p><input type="checkbox"/> Pump / Filter</p> <p><input type="checkbox"/> Filter; Type: _____</p> <p>Miscellaneous</p> <p><input type="checkbox"/> LOTO Lock</p> <p><input type="checkbox"/> Metatarsal Foot Covers</p> <p>Fall Protection</p> <p><input type="checkbox"/> Harness</p> <p><input type="checkbox"/> Lanyard; Type: _____</p> <p style="text-align: center;">Shop Equipment</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Welder</td> <td><input type="checkbox"/> Crane/Hoist/Chainfall</td> </tr> <tr> <td><input type="checkbox"/> Bench Grinder (check - 1/8 in Gap)</td> <td><input type="checkbox"/> CNC Machine</td> </tr> <tr> <td><input type="checkbox"/> Press Brake</td> <td><input type="checkbox"/> Shears</td> </tr> <tr> <td><input type="checkbox"/> Drill Press</td> <td><input type="checkbox"/> Hydraulic Punches/Press</td> </tr> <tr> <td><input type="checkbox"/> Plate Rolls</td> <td><input type="checkbox"/> Conveyors</td> </tr> <tr> <td><input type="checkbox"/> Fork Lift</td> <td><input type="checkbox"/> Wagons</td> </tr> <tr> <td><input type="checkbox"/> Saws</td> <td><input type="checkbox"/> Hand Drill</td> </tr> <tr> <td><input type="checkbox"/> Mag Drill</td> <td><input type="checkbox"/> Bevel Mill</td> </tr> <tr> <td><input type="checkbox"/> Man lift</td> <td><input type="checkbox"/> Ironworker</td> </tr> </table>	<input type="checkbox"/> Welder	<input type="checkbox"/> Crane/Hoist/Chainfall	<input type="checkbox"/> Bench Grinder (check - 1/8 in Gap)	<input type="checkbox"/> CNC Machine	<input type="checkbox"/> Press Brake	<input type="checkbox"/> Shears	<input type="checkbox"/> Drill Press	<input type="checkbox"/> Hydraulic Punches/Press	<input type="checkbox"/> Plate Rolls	<input type="checkbox"/> Conveyors	<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Wagons	<input type="checkbox"/> Saws	<input type="checkbox"/> Hand Drill	<input type="checkbox"/> Mag Drill	<input type="checkbox"/> Bevel Mill	<input type="checkbox"/> Man lift	<input type="checkbox"/> Ironworker
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<u>New Job / Activity</u> List other tasks you are performing today	<u>Change in hazards:</u> List any notable hazards that have changed /been introduced	<u>Controls / PPE</u> List any changes for PPE or hazard prevention