VALID FOR ONE TASK

Expanded TAKE 5 **(JOB HAZARD ANALYSIS)**	Work Order #:		Date:	
	Equipment #:		SOP:	□ YES □ NO If yes, SOP#:
What is the task?		Task location / Work area		

WORKPLACE INSPECTION - Fill out before starting job task, use in all areas * Keep on file 1 year

Housekeeping: Lighting - adequate & covered; General cleanliness: all aisle ways, walkways & stairways clear; Food disposal containers covered; Slip & trip hazards cleared.

□ **No Obvious Hazard** □ **Unsafe Condition** _____

Storage: Materials (tools, hoses, brooms, ladders, etc.); Equipment racks; Pallets; Comp gas cylinders (chains & caps); Signs & labeling in place (no smoking, flammable, contents); Cabinets neat & closed (including glassware & chemical cabinets); Chemicals, hazardous materials & fuels (proper containers & labeling); Stacked product/pallet stability.

□ **No Obvious Hazard** □ **Unsafe Condition** _____

Electrical: Outlets intact; Defective wiring, conduits, or components; Cubicles/disconnects closed; all appropriate clearance maintained (36" from cabinets & panels); Ground checks completed.

□ **No Obvious Hazard** □ **Unsafe Condition** _____

Equipment: Guards in place & adequate; Excessive noise or vibration; spills or leaks; Emergency stop devices unobstructed; warning signs in place; Crane inspection: cables, latches, hooks; Ground checks completed.

□ **No Obvious Hazard** □ **Unsafe Condition** _____

Safety Equipment: Shower & eyewash stations operational; Fire extinguishers in place, functional & tags updated; Respirators or breathing apparatus in place; PPE (hard hat, safety glasses, safety toes, Hi-vis, etc.)

□ **No Obvious Hazard** □ **Unsafe Condition** _____ **Supervisor** _____

Take 5 Process: 1. Think through the task 2. Look for the exposure 3. Assess the risk 4. Take precautions 5. Do the job safely

STEP #	TASK STEP What am I going to do?	HAZARD What could lead to harming me/others?	CRITICAL RISK CCC?	 Hold?	CONTROLS What must be in place to prevent harm?

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Critical Risk Management (CRM): Is a critical risk involved in this task? If yes, circle all relevant critical risk(s) below. Ensure CCC's are completed as a group right before critical task step.

REQUIRED PERMITS	□ Confined Space □ Excavation/Dig □ Hot Work □ Work at Heights □ Start Work □ Other:_____
SUPPORT DOCUMENTS	□ Confined Space Rescue Plan □ Work at Height Rescue Plan □ Pre-lift Assessment form □ Other: _____

EXPANDED TAKE 5 REVIEW/OTHERS IN AREA - We have reviewed the planned scope and believe all HSE hazards have been identified and controls are sufficient to prevent harm.

Name	Name	Name

SUPERVISOR Relevant hold point(s) have been discussed.	Name:	Date:	Sign:

Have I left the affected area in a safe condition for others (barricading, proper housekeeping, etc.)? □ YES □ NO