CFI	AHA #: 1

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Emergency Preparedness**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Emergency Preparedness	Delay in timely response for a medical emergency, notification, or incident analysis.	Nearest Emergency Medical Facility: Family Health Care-Urgent Care- 4545 Sergeant Rd. Sioux City, IA 51106 (712) 274-2400
		Superintendent: Project Manager- SCI Office Phone#: 303-287-1331 SCI Foreman: SCI Project Manager: SCI Safety Manager:

Definable Feature/Work Activity: **Emergency Preparedness**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
	Spills, Fire, Explosion	Obtain job specific MSDS's for materials being brought onto site and maintain a library of said MSDS's for immediate review should an incident occur
	Worker unknowingly onsite	All employees including delivery people must report to project foreman prior to entering project so they can be accounted for in case of an incident

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

CFI	AHA #:2

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Receiving Materials/ Materials storage**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Delivery of Materials	Struck by, pinched between, or run over by truck	Check that driver has and wears required PPE, is familiar with site conditions, has a spotter when backing up to unloading area, turns off engine and sets parking brake prior to leaving vehicle. Barricade area that trucks are unloaded in, keep non essential personnel out of area.
Releasing Load	Load shift	Before removing load tie-downs, verify that the load has not shifted such that the materials could fall when restraints are loosened.
Unloading by hand	Muscle Strains	Stretch shoulders, back, and legs before attempting a lift. Determine the weight of the material to be lifted and the need for help from another worker. Keep materials being lifted as close to the body as possible, use leg muscles, abdominals tight and back straight.

Definable Feature/Work Activity: **Receiving Materials/ Materials storage**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
	Sharp Edges	Wear gloves and proper clothing
Unloading with forklift/ crane	Improper operation/loading of equipment	See Forklift Usage AHA or Crane Usage AHA
Stockpiling Materials	Pile tipping over, trip hazard	Be sure pile is stable, do not stack materials in aisles, stairways, walkways, halls, in locations where potentially a person could trip over it or where it could shift and fall over or onto somebody. Know the combined weight of the piece of equipment being used and the materials loaded on it to determine that floor loadings are not being exceeded.
Hazardous Materials	Spills, fire, explosion,	Obtain MSDS from supplier, review, understand and train employees on the hazards associated with the product.

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

CFI	AHA #: 3

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No Definable Feature/Work Activity: **Staging of Materials**	Revision:

Work Task	Potential Hazard(s)	Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)
Staging of Materials	Muscle Strains	Stretch shoulders, back, and legs before attempting a lift. Determine the weight of the material to be lifted and the need for help from another worker. Keep materials being lifted as close to the body as possible, use leg muscles, abdominals tight and back straight.
	Sharp Edges	Ensure all personnel are wearing proper P.P.E. including safety toed boots, hard hats, safety glasses, Class 2 safety vests, leather orange tipped work gloves.
	Trip Hazards	Make sure aisles/hallways are clear of debris
Stacking materials	Pile tipping over/rolling/falling	Keep all personnel out from under supported loads. Ensure that all materials are elevated off ground by using dunnage. Ensure stacks are plumb and

Drawings Attached: ☐ Yes X No Definable Feature/Work Activity: **Staging of Materials**	Revision:

Work Task	Potential Hazard(s)	Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)
		straight, to ensure stacks will not tip over. Do not stack beams columns higher than 4 layers. When possible caution tape staging areas to keep un authorized personnel away from materials.
Using equipment to move material	Improper operation of equipment	Verify that operator is trained on the use of that particular piece of equipment. Use qualified signal men to spot load placement and retrieval of materials

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER

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CFI		AHA #: 4
Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Fire Protection/ Prevention**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Prevention	Potential fire	Housekeeping will be maintained in accordance with the Housekeeping AHA. Prior to any hot work being performed, the area where such work is planned will be reviewed and it will be determined as to whether materials in the area will need to be moved, covered or a fire watch will be needed. Base on the determination, required, controls will be provided and maintained.
Protection	Potential fire	All fire extinguishers will have current yearly inspections by a certified inspection company. Monthly inspections will be noted on each fire extinguisher. Each liquid fueled piece of equipment will have a fire extinguisher with it. All employees will be required to wear fire retardant clothing or leathers, face shield and leather gloves. A hot work permit will be obtained from the GC (as required) prior to commencement of any hot work operation.

Definable Feature/Work Activity: **Fire Protection/ Prevention**	Revision:

Work Task	Potential Hazard(s)	Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER

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CFI	AHA #: 5

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Housekeeping**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Cleaning materials/chemicals	Not understanding product	Obtain, read, understand and maintain a copy of the MSDS for each product
Use of product	Improper use/mixing/splash/ingestion	Read and follow product use instructions including required PPE
Storage of product	Improper storage could cause fire, leakage, health hazard	Read and follow product storage instructions
Sweeping	Fugitive dust	Employ engineering controls such as applying water or using sweeping compound to eliminate dust, if impractical, institute respiratory protection plan

Definable Feature/Work Activity: **Housekeeping**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Disposal of debris	Trips, falls, fires, rodents	Dispose of all debris into acceptable containers (dumpsters) outside of the building at least once a day, never pile debris in doorways or hallways. Excess dunnage and other obstructions should be cleared from the construction area as soon as possible to limit trip hazards as well as equipment running over it.

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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CFI	AHA #: 6

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Crane Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Crane setup and breakdown	Tipping due to soil conditions and uneven surfaces	Inspect setup area and consult with GC insuring setup locations have been properly prepped for crane setup. Ensure that crane will not be set up on any underground pipes, vaults, etc.
	Tipping due to improper use or lack of cribbing	Install properly sized cribbing pads to properly support outriggers each time crane is setup
	Crushing injuries from installing counterweights	Make sure all workers are clear of counterweights during installation. Only use appropriate rigging and lifting eyes to load counterweights. Inspect all rigging prior to use.
	Crushing injuries due to being caught between crane and truck body	Barricade around pinch points of the crane before using crane with red hazard tape.

Definable Feature/Work Activity: **Crane Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Crane use	Tipping and falling objects	All operators are to be NCCCO certified. All cranes will have current annual inspections and daily inspections will be completed. Only certified riggers and signalmen are to be used.
	Pinching and crushing hazards	Raised loads will not pass over workers. Only after the load is secured will worker be allowed to pass below. A lift plan will be developed for any critical lifts. Crane as well as swing radius will be delineated with red warning tape.
	Electrocution	No crane operations shall take place within 12' of any power line. At any distance, the crane operator must check first with his foreman who in turn must get with GC to determine the power being carried through the lines, as the 12' minimum might not be a sufficient distance.

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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CFI	AHA #: 7

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Aerial Lift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Aerial lift Operation	Operator Error (run-over, struck by, pinched between, dropped load, roll over, back into, fall out of, etc.	Operator must be properly trained and aware of all requirements related to the operation of the particular lift as spelled out in the owner' s manual prior to commencing work with that piece of equipment. Operator must familiarize himself with the area where the work is to proceed making note of overhead conditions, blind spots, open excavations/floor openings, traffic patterns, pedestrians, structures, stored material, load capacities of floors that lift will be operated on, level firm solid ground, light conditions, etc. Gates/ guards must be in place whenever lift is in use and the operator is required to be tie-off at all times while in the basket. The operator shall not at any time stand on the guardrails in an effort to achieve a greater height. **At no time will lifts be moved while platform is elevated and extended, unless lift is on flat smooth concrete**.

Definable Feature/Work Activity: **Aerial Lift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
	Equipment Malfunction (loss of power, improper exhaust levels, devices not working, flat tires, damaged hoses, electrical failure, brake failure, broken lights, etc.)	The piece of equipment is allowed to cool prior to performing any work on it. All controls are to be neutralized, brakes set, basket lowered, wheel choked and power source LOTO'd prior to commencing work. All work is to be performed by a person that has the needed qualifications to perform the specific work.
	Poison air (working within confined spaces)	Use air monitoring equipment to verify contamination levels, provide air handling equipment to properly turn air over

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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CFI	AHA #: 8

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Forklift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Forklift Operation	Operator Error (run-over, struck by, pinched between, dropped load, roll over, back into, etc.)	Operator must be certified and have card immediately available for review at all times while operating a forklift. Operator must be properly trained and aware of all requirements related to the operation of the particular forklift as spelled out in the owner' s manual prior to commencing work with that piece of equipment. Operator must familiarize himself with the area where the work is to proceed making note of existing utilities, blind spots, open excavations, traffic patterns, pedestrians, structures, load capacities of floors he could possibly drive over, load capacities of forklift, stored material, overhead lines, light conditions, etc. Operator must wear the seatbelt at all times. All suspended loads will be done with approved forklift attachment. Suspended loads weights must be verified to be within the load ratings allowing for reduced ratings for attachment. (all rigging must be inspected prior to use and attachments must be inspected to

Definable Feature/Work Activity: **Forklift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
		ensure in good working condition and that all safety latches, pins etc. are present and installed properly.
	Equipment Malfunction (loss of power, improper exhaust levels, devices not working, flat tires, damaged hoses, electrical failure, brake failure, broken lights, etc.)	Prior to commencing operation of the piece of equipment, an inspection of the piece must be performed. This inspection must include, at a minimum, fluid levels, leaks, hoses, brakes, lights, horn, backup alarm, steering, tires, seatbelts, controls, gauges, windows/windshield, ROPS, fire extinguisher and any other condition that might affect the proper operation of that piece of equipment. If it is determined that deficiencies exist, those deficiencies need to be corrected prior to the piece of equipment being used.
	Equipment Maintenance (Burns, fire, pinched, crushed, shocked, etc.)	The piece of equipment is allowed to cool prior to performing any work on it. All controls are to be neutralized, brakes set, loads lowered, wheel chocked and power source LOTO'd prior to commencing work. All work is to be performed by a person that has the needed qualifications to perform the specific work.
	Poison air (working within confined spaces)	Use air monitoring equipment to verify contamination levels, provide air handling equipment to properly turn air over

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER

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CFI	AHA #: 9

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Scissor Lift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Scissor Lift Operation	Operator Error (run-over, struck by, pinched between, dropped tools, roll over, back into, etc.)	Operator must be properly trained and aware of all requirements related to the operation of the particular scissor lift as spelled out in the owner' s manual prior to commencing work with that piece of equipment. Operator must familiarize himself with the area where the work is to proceed making note of overhead conditions, blind spots, open excavations/floor openings, traffic patterns, pedestrians, structures, stored material, load capacities of floors that lift will be operated on, level firm solid ground, light conditions, etc. Gates/ guards must be in place whenever lift is in use.
	Equipment Maintenance (Burns, fire, pinched, crushed, shocked, etc.)	The piece of equipment is allowed to cool prior to performing any work on it. All controls are to be neutralized, brakes set, loads lowered, wheel chocked and power source LOTO'd prior to commencing work. All work is to be performed by a person that has the needed qualifications to

Definable Feature/Work Activity: **Scissor Lift Operation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
		perform the specific work.
	Poison air (working within confined spaces)	Use air monitoring equipment to verify contamination levels, provide air handling equipment to properly turn air over

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

CFI	AHA #: 10

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Ladder Usage**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Inspection of ladder	Falls	Prior to each days use- Inspect ladder for defects. Do not use a defective ladder
2. Choice/use of ladder	Falls	Stepladders- Use only in the open and locked position, do not stand or sit on or above the top step or back braces, keep belt buckle within the side rails of the ladder, keep 3 points of contact with the ladder at all times while climbing up or down, setup on firm, level, stable surface.
		Extension ladders- Set ladder 1' away from the wall for every 4' in height, extend ladder a minimum of 3' above point of contact when using for access, secure ladder at rest point when using for access, keep belt buckle within the side rails of the ladder, keep 3 points of contact with the ladder

Definable Feature/Work Activity: **Ladder Usage**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
		at all times, setup on firm, level, stable surface.
Location/protection of ladder	Displacement of ladder or being knocked off of ladder/ Electrocution	Never support a ladder on it's rung, do not setup in doorways or high traffic areas unless protected by barricades, guards or secured, aluminum ladder are not allowed, keep wood or fiberglass ladders at least *12' from power lines, keep debris away from top & bottom of ladder, never setup against breakable or moveable surfaces * denotes NARM Requirement

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER

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CFI	AHA #: 11

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Ground Erection of Materials and shake out of steel**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Staging Materials	Pulled Muscle	Use proper lifting techniques (Lift with legs)
	Cuts or Pinched Fingers	Wear work gloves
	Smashed fingers or toes	Watch while load is being lowered, communicate with helper, wear safety toed boots
Using Forklift or Crane to stock/connect materials	See Forklift and Crane Operation AHAs	See Forklift and Crane Operation AHAs

Definable Feature/Work Activity: **Ground Erection of Materials and shake out of steel**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Size, shape and connecting materials	Hand/Power Tools & Extension cords Falling materials	Inspect daily that tools are functioning properly, guards are in place, cords/tool not damaged, worker is properly train in tools operation requirements, wear required PPE Secure all materials before leaving unattended
	Hearing damage	wear hearing protection

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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CFI	AHA #: 12

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicate authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Wall Panel Installation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Crane, Forklift, Aerial lift, Scissor lift and Ladder usage	See AHA's prepared for each of these pieces of equipment	See AHA's prepared for each of these pieces of equipment
Protection of other trades	Falling objects	SCI's work area will be marked off with red warning tape. Nobody will be allowed inside this tape without specific approval from SCI's onsite foreman ()
	Hand/Power Tools & Extension cords	Inspect daily that tools are functioning properly, guards are in place, cords/tool not damaged, worker is properly train in tools operation requirements, wear required PPE Secure all materials before leaving unattended. Ensure GFCI is used at all times.

Definable Feature/Work Activity: **Wall Panel Installation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Connecting of sections	Falls from height, 6' or more	SCI will provide fall protection equipment for fall exposures of 6' or more. **100% FALL PROTECTION WILL BE MAINTAINED** Fall protection systems such as, controlled access zones, warning lines, typical wire rope cable lifelines (HLL's), chokers, web straps, retractable lanyards, and beamers will be used to prevent falls. All fall protection systems and equipment will be inspected daily. SCI's competent person shall monitor the installation, use and inspection of all fall protection systems and equipment.
SCI REQUIREMENT ONLY: **Note: No other trades or contractors are allowed to use SCI fall protection systems. Our systems continually change and are altered to meet our needs and cannot be counted on to be complete**		If other trades and/or contractors wish to access the safety system, written approval from SCI's site foreman () will be required.

Definable Feature/Work Activity: **Wall Panel Installation**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
By signing below, I agree to the following: ▪ I agree to follow the work steps and implement the controls as written. ▪ I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution. ▪ I confirm that I am authorized, qualified and fit to perform the work.	
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

CFI	AHA #: 13

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Roof /Penetration Work**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Crane, Forklift, Aerial lift, Scissor lift and Ladder usage	See AHA's prepared for each of these pieces of equipment	See AHA's prepared for each of these pieces of equipment
Protection of other trades	Falling objects	SCI's work area will be marked off with red warning tape. Nobody will be allowed inside this tape without specific approval from SCI's onsite foreman ()
	Hand/Power Tools & Extension cords	Inspect daily that tools are functioning properly, guards are in place, cords/tool not damaged, worker is properly train in tools operation requirements, wear required PPE Secure all materials before leaving unattended

Definable Feature/Work Activity: **Roof /Penetration Work**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Installation and working in vicinity	Falls from height, 6' or more	SCI will provide fall protection equipment for fall exposures of 6' or more. **100% FALL PROTECTION WILL BE MAINTAINED** Fall protection systems such as, Controlled access zones, warning lines, typical wire rope cable lifelines (HLL's), chokers, web straps, retractable lanyards, and beamers will be used to prevent falls. All fall protection systems and equipment will be inspected daily. SCI's competent person shall monitor the installation, use and inspection of all fall protection systems and equipment. (see fall Protection diagrams)
SCI REQUIREMENT ONLY: **Note: No other trades or contractors are allowed to use SCI fall protection systems. Our systems continually change and are altered to meet our needs and cannot be counted on to be complete**		If other trades and/or contractors wish to access the safety system, written approval from SCI's site foreman () will be required.

Definable Feature/Work Activity: **Roof /Penetration Work**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)

CFI	AHA #: 14

Activity Hazard Analysis REVIEWS		
Reviewed & Approved by: (Subcontracted Company Officer)	**Reviewed & Approved by: Subcontractor Project Superintendent)**	**Reviewed & Approved by: Subcontractor Safety Officer**
Project Manager *Signature and date*	*Signature and date*	Safety Director
All signature blocks completed indicates authorization to perform THIS work.		

Drawings Attached: ☐ Yes X No

Definable Feature/Work Activity: **Welding**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
Welding	Fire	Inspect work area for potential fire hazards prior to welding operations. If a potential exists, additional precautions must be used (i.e. washed down, cleaned, fuel sources removed, fuel sources covered with fire blankets, etc.) A portable fire extinguisher must be within 50 of any welding operation Obtain a hot-work permit from GC
	Poison air (working within confined spaces)	Use air monitoring equipment to verify contamination levels, provide air handling equipment to properly turn air over
	Electric Shock	All electric welding machines must be grounded, repair or replace any defective welding leads, electrode holders or ground cables and insulate any exposed wiring

Definable Feature/Work Activity: **Welding**		Revision:
Work Task	**Potential Hazard(s)**	**Control Measure(s), Hold Points, Required Training, required Permits or Plans, and Competent Person(s)**
	Injury to person performing welding	Only those individuals trained, authorized and using appropriate equipment shall do welding. Use welding goggles, helmets, or face shields with appropriate lenses when observing welding.
	Injury to bystanders	Welding operations shall be shielded from individuals not involved in the welding operation

AHA REVIEW/PRE-JOB BRIEF ATTENDANCE ROSTER	
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Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)
Worker (Print /Sign / Date)	Worker (Print /Sign / Date)