



High Risk Job Safety Analysis

This form must be completed by the contractor and submitted to the Technical Representative for approval prior to work commencement. In addition, this form must be maintained at the site where work is being performed.

Job Title _____

Contract Number _____ Building/Area _____

Contractor

Argonne

Contractor _____ Technical Rep/
Project Manager _____

Project Manager _____ Phone No. _____

Phone No. _____ Divisional ES&H
Coordinator _____

Foreman _____ Phone No. _____ Page _____

Phone No. _____ Page _____ CFR _____

ESH Rep _____

Phone No. _____ Page _____

Designated Competent Person

Argonne Approvals

Excavation _____
(29 CFR 1926.650)

Approved

Confined Space _____
(29 CFR 1926.21)

Approved as Noted

Scaffolding _____
(29 CFR 1926.451)

Not Approved - Resubmit

Fall Protection _____
(29 CFR 1926.503 (a) (2))

NFPA 70E _____

Technical Representative Date

ES&H Coordinator Date

*If FMS is not engaged and the division does not have the
qualified employee on staff, the SME signature is required.*

EQO-SME (as needed) Date

If FMS is engaged, the FMS-CSS signature is required.

FMS-CSS (as needed) Date

- The contractor ES&H representative must hold an orientation with all employees prior to work identifying the hazards related to their scope of work and have each person sign the signature sheet attached.
- Identify location of **Emergency Telephones** and designated **Tornado Shelters** in relationship to the work site and provide phone numbers: **Laboratory Phone - 911, Cellular - 630-252-1911.**
- Emphasize compliance with **OSHA 29 CFR 1926.**
- Utilizing the format on attached pages, identify hazards and safety precautions/procedures to mitigate hazards.

Phase of Work	Safety Hazard	Precautions/Safety Procedures
Argonne Requirements	Argonne ES&H Compliance and Emergency Situations.	<p>All contractor personnel assigned to work on the Argonne site must attend the 1.5 hour Argonne Contractor Safety Orientation (CSO). The contractor must maintain proof of this training on his/her person by carrying the CSO Argonne card provided by the instructor. The contractor must provide proof of this training to the construction manager or SI when requested.</p> <p>In addition, all contractor personnel must attend building/area orientation in relation to their scope of work to ensure that they are aware of shelters during severe weather, emergency evacuation meeting points, as well as any other special conditions in relation to the specific building/area.</p>
Vendor Personnel Check-In	Worker Accountability	The contractor must report daily to the Tech Rep the number of employees he has on site. Contractor is also responsible for notifying Tech Rep of arrival/departure.
General Conditions	PPE, Unauthorized Personnel In Work Area & Work Safe Practices	ANSI approved safety glasses and ankle high sturdy leather work boots must be worn at all times in work area unless otherwise agreed upon between Argonne and the contractor. All work zones, per scope of work, will be sectioned off or barricaded with OSHA compliant signage posted.
Tool Inspection	Broken or Unauthorized Tools	All tools and equipment must be inspected by Argonne personnel prior to use. Any tool or piece of equipment deemed unsatisfactory will be tagged and removed. Any tool or piece of equipment that leaves the Argonne site must be reinspected upon its return. GFCIs will be utilized on all drop cords and hand held tools.
Electrical Troubleshooting, and/or Stored Energy Sources	Stored energy, Employee Exposure, Electrical Shock, Chemical Exposure	Follow approved Argonne procedure for LO/TO of this system. Argonne will initiate and lock out first with contractor to apply locks over Argonne. Contractor must provide their own locks/tags for each contractor employee for each LO/TO point. Proof of Contractor LO/TO training must be reviewed before Contractor may participate/apply LO/TO.

Phase of Work	Safety Hazard	Precautions/Safety Procedures
Handling of Chemical/Products	Employee exposure to skin, mucus membranes and vapors	Submit for review by Argonne all MSDSs for materials that will be brought on site. Review and adhere to MSDS before handling chemicals/products. MSDS will be at job site attached to JSA. If additional PPE is prescribed within MSDS, the Contractor must acquire and utilize addition PPE.
Safety	Incident/ Safety Infraction	Imminent Danger violations will result in an immediate 6 month suspension, regardless of whether or not the work is complete. Other lesser violations will receive "tickets" and/or other penalties per the contract.
All phases	Injuries or illness	For all injuries/illness, no matter how minor, contact the Argonne National Laboratory Fire Department by calling (inside line) 2-1911 (by cell phone) 252-1911. The Tech Rep/CFR must also be immediately informed of the situation.

Material Safety Data Sheets (MSDS)

Hazardous materials used on this site are:

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

Location of MSDS:

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____ 6. _____

Review of Emergency Routes and Assembly Point:

Basic Information

- * _____
- * _____
- * _____

*Use separate sheets as necessary.

Basic Safety Rule Reminders:

- 1. Safety hat and safety glasses with side shields required as a minimum.
- 2. Inspect all tools and equipment for OSHA compliance before use.
- 3. Fall protection required when working heights above 6 feet when handrail or other fall protection is not provided.
- 4. Flag work areas and post warning signs.
- 5. Ground fault circuit interrupters (GFCIs) are required on all 110 and 120 volt receptacles.
- 6. Stairways, passageways, and access ways must be kept free of materials and equipment.
- 7. Orderly housekeeping shall be maintained.
- 8. Report all injuries/illnesses and near misses to the Technical Representative.
- 9. Metal ladders are prohibited.
- 10. **NO DUMPING OF ANY KIND SHALL BE PERFORMED ON SITE WITHOUT USE OF A QUALIFIED AND COMPETENT SPOTTER.** After dumping their loads, all trucks must lower their beds before driving away.
- 11. Any laser use (class 3a, 3b, or 4) requires Argonne ES&H review.

Signature Sheet

Contractor _____ Building/Area _____

Contract Number _____ Job Title _____
Company (not Argonne)

Superintendent _____ ES&H Rep _____

ES&H information relative to this job has been reviewed with me by my company ES&H representative.

Name (please print)	Badge No.	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Contractor representative will provide a copy of this sheet with initial signatures and all added signatures to the Argonne Technical Representative.