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| Department: | Location: | SR # | Date: |

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| Activity: | Asbestos/Confined Space/Lockout/Fall Protection Planning needed? | Equipment requiring Operator Competency Y/N : |

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| --- | --- | --- | --- |
| List each task required in the sequence it is to be done | List the hazards present within each task that could cause injury | List the control measures used to eliminate or minimize the risk of injury for each hazard | Write the name of the supervisor/lead hand or worker in charge to implement the control measure |
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| Name of members involved in the creation of this Task Analysis | Position | Signature  |
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Name and signature of workers reviewing the document prior to work beginning

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Note that work is not to begin without the recommended controls in place without department and OHS Manager approval and signature.

This assessment is pre work- if conditions or situations change, The plan must be revisited and reviewed with all staff before beginning work.