

Appendix F

Sample Job Plan

Identify exact location for emergency response:

Emergency phone numbers:

911

204-360-HELP (4357)

Blowing Gas - Wpg. 204-480-5900

Blowing Gas - Rural 1-888-624-9376

SCC: 204-474-3369, 204-474-3007, 204-474-3327.

VHF: 040

Spill Response no./FSO: Jeff Breakey - 204-871-2003, Cyril St. Goddard - 204-771-2145

How will you execute a rescue?

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v1.98

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INSTRUCTION: Prepare, discuss and review the job plan with the crew daily and whenever a change is introduced to the job.

2.	CURRENT DATE	yyyy mm dd	Project name	Work Order no.	Description		
CSC and Radio Channel			Line or feeder	Blocked <input type="checkbox"/> Yes <input type="checkbox"/> No	Blocking received from	Time	Phone no.

1. Mechanical 1.1 Equipment failure 1.2 Lifting with a boom 1.3 Max work loads 1.4 Vehicle stability 1.5 Moving parts/Sharp objects 1.6 Tension loads/Springs	2. Electricity 2.1 Live contact HV 2.2 Live contact LV 2.3 Induction/backfeed HV 2.4 Induction/backfeed LV 2.5 Static charge 2.6 Step potential 2.7 Flash potential 2.8 Clothing ignition hazard/ FRC required 2.9 Lockout/Tagout	3. Gravity 3.1 Falling from a height 3.2 Falling objects 3.3 Falling structures 3.4 Rigging failure 3.5 Working over water	4. Applicable 4.1 Vehicular 4.2 Kenetic 4.3 Thermal 4.4 Chemical 4.5 Confined Space 4.6 Excavations 4.7 Vehicle or pedestrian traffic 4.8 Underground Utilities 4.9 Other, specify: 4.9.1 _____
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[illegible]

REVIEWED BY	DATE yyyy mm dd

5. HAVE WE CONSIDERED (It is critical that we make note of any changes that may occur during the work cycle)				
People <input type="checkbox"/> Person in charge <input type="checkbox"/> Qualification of personnel <input type="checkbox"/> Other work groups/contractors <input type="checkbox"/> Communication <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Pedestrian control <input type="checkbox"/> General public <input type="checkbox"/> Traffic control <input type="checkbox"/> Safety watcher	Procedures <input type="checkbox"/> Limits of approach <input type="checkbox"/> De-energize/Isolation of apparatus <input type="checkbox"/> Safety hold off/Blocking required <input type="checkbox"/> Switching orders <input type="checkbox"/> Adequate cover-up <input type="checkbox"/> Grounding apparatus and vehicles <input type="checkbox"/> Work permit/Clearance to work <input type="checkbox"/> Permit checklists (soft dig, confined space, etc.) <input type="checkbox"/> Review rescue procedures <input type="checkbox"/> Spiking/Stethoscoping	Hardware/Equipment <input type="checkbox"/> Inspection of equipment <input type="checkbox"/> Inspection of tools & PPE <input type="checkbox"/> Inspection of vehicles <input type="checkbox"/> Condition of structures <input type="checkbox"/> Safe loads for rigging <input type="checkbox"/> Adequate cover-up <input type="checkbox"/> Specialized tools - calibrated/tested & up-to-date	Environment <input type="checkbox"/> Environment checklist <input type="checkbox"/> Underground locates <input type="checkbox"/> Weather conditions <input type="checkbox"/> Soil conditions/Shoring <input type="checkbox"/> Lighting conditions <input type="checkbox"/> Adjacent structures/Vegetation <input type="checkbox"/> Housekeeping <input type="checkbox"/> Emergency plan/procedure <input type="checkbox"/> Open excavations/Trench	Workers Affect on Environment <input type="checkbox"/> Cause erosion <input type="checkbox"/> Release/spills (liquids/gases/solids) <input type="checkbox"/> Waste disposal (liquids/solids) <input type="checkbox"/> Noise <input type="checkbox"/> Fire <input type="checkbox"/> Species at risk (plant and animal) <input type="checkbox"/> Disturbing waterways/drainage/wetlands/burial grounds <input type="checkbox"/> Wildlife Habitat
WHAT ARE THE CHANGES?		HOW WILL THIS AFFECT YOUR WORK?		

6. PERSONS WORKING ON THE JOB

Designated person in charge (Print Name):		Crew cell no.:		Designated person in charge (Signature):		Date: yyyy mm dd
Alternate person in charge (Print Name):		Crew cell no.:		Alternate person in charge (Signature):		Date: yyyy mm dd
Print Full Names of Crew Members:						
yyyy mm dd	Initial/Sign off for Tailboard Discussion					

7. OTHER CREWS AND VISITORSBe aware of **all** work crews in the area.

Multi-crew job coordinator

Cell phone:

WHAT OTHER CREWS ARE ON SITE	PERSON IN CHARGE	HOW WILL THEIR JOB AFFECT YOURS

Any visitors to your site shall read and sign your Plan.

WORKSITE VISITOR SIGN OFF	DATE yyyy mm dd	WORKSITE VISITOR SIGN OFF	DATE yyyy mm dd

8. WHEN WORKING IN AREAS ZONED AGRICULTURAL

YES	NO	Bio Security Elevated Risk Factors
		A. Confirmed presence of invasive species
		B. Extremely wet conditions with disturbed soil
		C. Work involves close contact with livestock
		D. Sensitive area regarding project or customer
If you answered yes to any of these questions, complete an action plan to mitigate environmental risk.		