

RISK ASSESSMENT



Using a Workplan

Evolution of the Form

Commitment to Reassessing the Process

- Constant Evolution
 - Through incident analysis
- Trends in repair & maintenance
- Employee feedback
- Selected locations piloting a draft
- Implementation of suggestions
- Gets “buy-in” on the process

Vulcan
Materials Company
Western Division

Job DATE: _____ PERSON IN CHARGE OF JOB: _____

Job DESCRIPTION AND/OR EQUIPMENT NO.: _____

Job TASKS: _____

SPECIAL TOOLS AND EQUIPMENT NEEDED: _____

SAFETY ISSUES DISCUSSED: _____

PEOPLE IN ATTENDANCE:

	PRINT NAME
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Copy: File
Safety & Health Dept.
Area Manager

WORKPLAN
Vulcan
Materials Company

Specific Location: _____ Date: _____ Time: _____

Job Steps and Hazard Recognition (Identify, Evaluate, and Control)

Anticipated Hazards (Check all that apply)

	YES	NO
Is machinery properly locked/tagout by all team members that are working on the task?	<input type="checkbox"/>	<input type="checkbox"/>
Is stored energy present or is unexpected movement possible?	<input type="checkbox"/>	<input type="checkbox"/>
Is area considered a permit required confined space that requires additional air monitoring or ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you creating a hazard that may injure yourself or someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Does everyone have the proper skills, training, knowledge and time to safely complete this task?	<input type="checkbox"/>	<input type="checkbox"/>

Job Steps and Hazard Recognition (Identify, Evaluate, and Control)

Hazards Identified: _____

Hazards Controlled By: _____

Are all hazards controlled, proper tools, equipment and PPE attained, and everyone has the proper skills, training, knowledge, and time for the task?

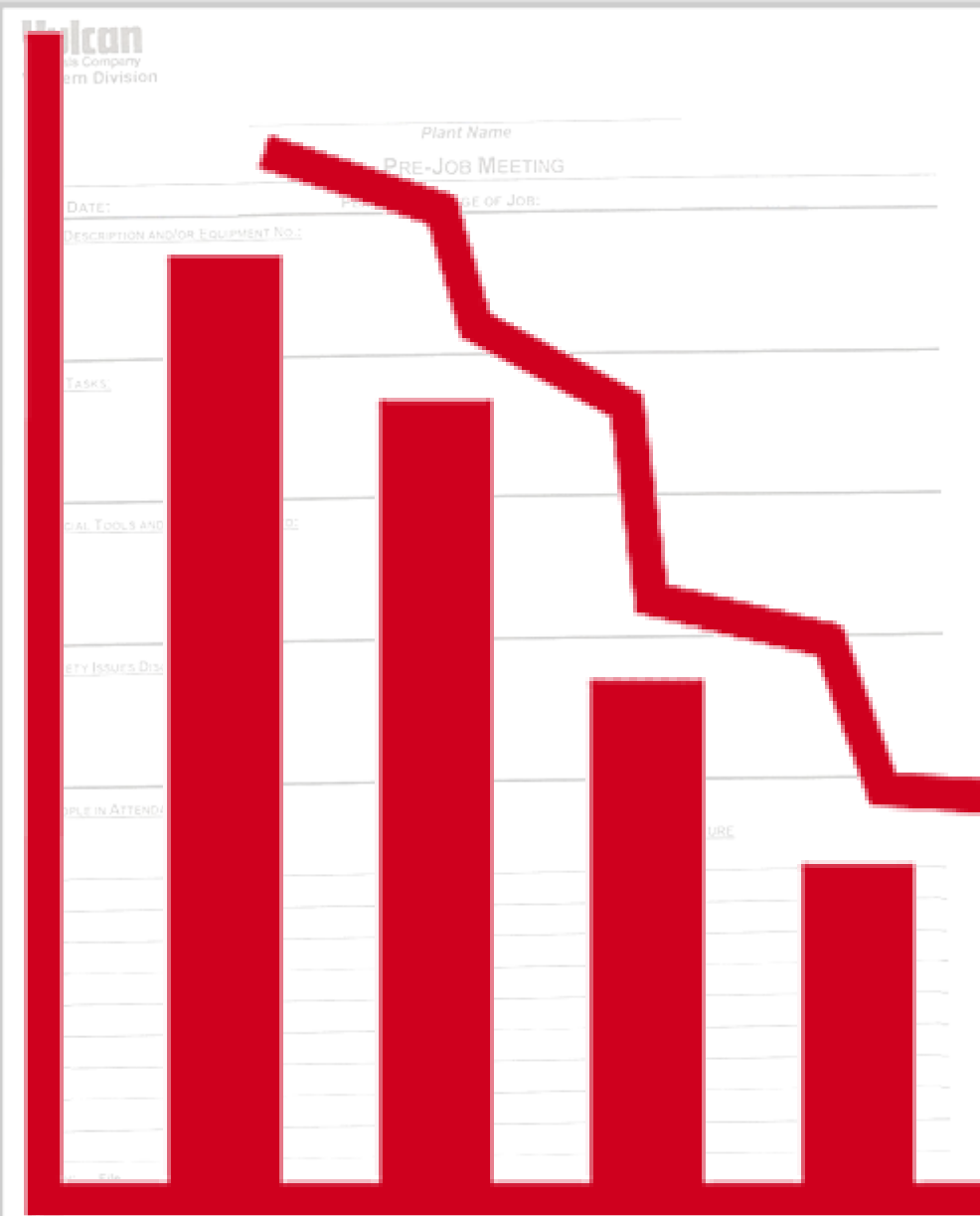
Yes, proceed ☐ No, do not proceed until corrected ☐

Signature(s) of Employee(s) Assigned: _____

Signature(s) of Employee's Supervisor: _____

Additional Site Specific Information: _____

Evolution of the FORM

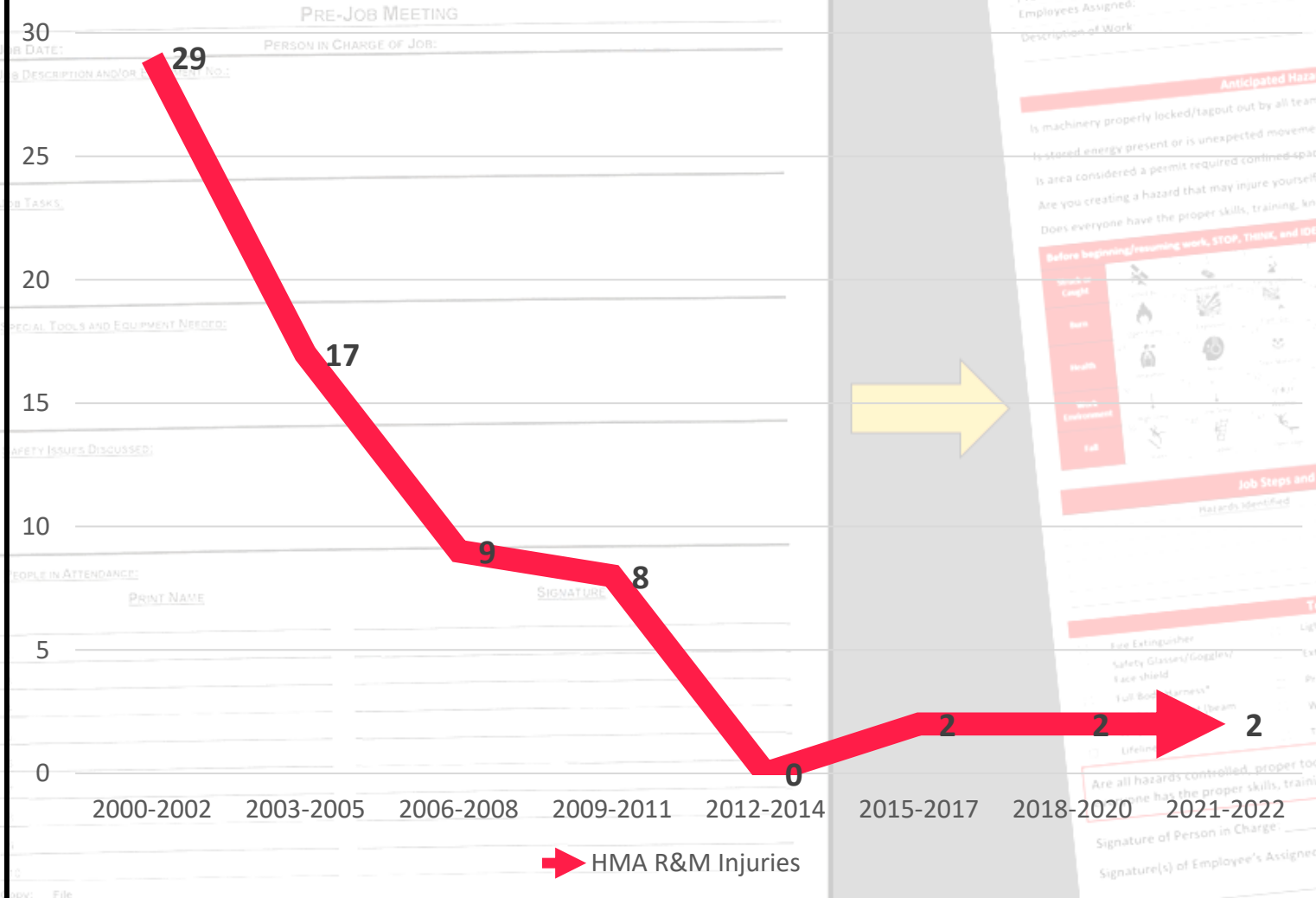


The image shows a stack of 'Vulcan Materials Company' 'WORKPLAN' forms. The top form is a 'Pre-Job Meeting' form, and the one below it is a 'Workplan' form. The 'Workplan' form includes sections for 'Specific Location', 'Date', 'Time', 'Plant', 'Permits / Checklists / Forms Required', 'Employees Assigned', 'Description of Work', 'Anticipated Hazards', 'Before beginning/resuming work', 'Hazard Identification', 'PPE', 'Equipment', 'Tools', 'Materials', 'Safety', 'Health', 'Work Environment', 'Fall', 'Fire Extinguisher', 'Safety Glasses/Goggles', 'Face shield', 'Full Body Harness', 'Anchorage Point (beam straps)', 'Lifelines', 'Protective Clothing', 'Welding Curtain', 'Two-Way Radio', 'Power Tools', 'Respiratory Protection', 'Arc Flash Gear', 'Yes, proceed', 'No, do not proceed until corrected', 'Signature of Person in Charge', and 'Signature(s) of Employee's Assigned'.

OUTCOME
Experienced a steady decline in incidents.

Evolution of the FORM

HMA R&M Injuries (In 3 Year Increments)



Actual
RESULTS

- HMA Repair & Maintenance (R&M) Injuries
- 3-Year Total Increments

WORKPLAN

Vulcan Materials Company

Date: _____

Job Steps and Hazard Recognition (Identify, Evaluate, and Control)

Anticipated Hazards (Check all that apply)

Is machinery properly locked/tagout by all team members that are working on the task?

Is stored energy present or is unexpected movement possible?

Is area considered a permit required confined space that requires additional air monitoring or ventilation?

Are you creating a hazard that may injure yourself or someone else?

Does everyone have the proper skills, training, knowledge and time to safely complete this task?

Before beginning/resuming work, STOP, THINK, and IDENTIFY all the hazards associated with the task and in the work area (circle or check below)

Caught

Slip/Trip/Fall

Struck by

Struck against

Electrocution

Exhaustion

Heat Stress

Confined Space

Heavy Lifting

Tools, Equipment, PPE (check if applicable)

Fire Extinguisher

Safety Glasses/Goggles

Face shield

Full Body Harness

Life Line

Hand Tools

Tag Lines

Extension Cords w/GFCI

Protective Clothing

Blocking Material

Power Lines

Rigging Equipment

Respiratory Protection

Yes, proceed

No, do not proceed until corrected

Are all hazards controlled, proper tools, equipment and PPE attained, and knowledge, and time for the task?

Signature of Person in Charge: _____

Signature(s) of Employee's Assigned: _____

Evolution of the FORM

Experience of the Process

- Written dialogue not inclusive
- Limited interaction
- Found to be not as productive with risk/hazard management

The background image displays two safety forms from Vulcan Materials Company. The left form is a 'PRE-JOB MEETING' form, and the right form is a 'WORKPLAN' form. A yellow arrow points from the text 'Limited interaction' to the 'WORKPLAN' form.

PRE-JOB MEETING Form Fields:

- Plant Name
- PRE-JOB MEETING
- Job DATE:
- PERSON IN CHARGE OF JOB:
- Job Description AND/OR EQUIPMENT NO.:
- Job Tasks:
- SPECIAL TOOLS & EQUIPMENT NEEDED:
- SAFETY ISSUES DISCUSSED:
- PEOPLE IN ATTENDANCE:
- PRINT NAME
- SIGNATURE
- Copy: File, Safety & Health Dept., Area Manager

WORKPLAN Form Fields:

- WORKPLAN
- Specific Location:
- Date:
- Workplan Type:
- Plant:
- Permits / Checklists / Forms Required:
- Employees Assigned:
- Description of Work:
- Anticipated Hazards (Check all that apply):
- Is machinery properly locked/tagged out by all team members that are working on the task?
- Is there any unexpected movement possible?
- Does everyone have the proper skills, training, knowledge, and time for the task?
- Before beginning/resuming work, STOP, THINK, and IDENTIFY all the hazards associated with the task and the work area.
- Work or Caught
- Work Environment
- Fall
- Hand Handling
- Tools
- Tools, Equipment, PPE (check if required):
- Lighting
- Eye Lines
- Hand Tools
- Protective Gloves
- Hearing Protection
- Are all hazards controlled, proper tools, equipment and PPE attained, and everyone has the proper skills, training, knowledge, and time for the task?
- Signature of Person in Charge:
- Signature(s) of Employee's Assigned:

Evolution of the FORM

Final Thought:

We need to ensure that our employees go **HOME** the same way they came to work.

Vulcan
Materials Company
Western Division

Plant Name _____

PRE-JOB MEETING

Job DATE: _____

PERSON IN CHARGE OF JOB: _____

Job Description AND/OR EQUIPMENT NO.: _____

Job TASKS: _____

SPECIAL TOOLS AND EQUIPMENT NEEDED: _____

SAFETY ISSUES DISCUSSED: _____

PEOPLE IN ATTENDANCE:

NAME _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Copy: File
Safety & Health Dept.
Area Manager

WORKPLAN
Vulcan
Materials Company

Job: _____
Permits / Checklists / Forms Required: _____
Employees Assigned: _____
Description of Work: _____

Anticipated Hazards (Check all that apply)

- Is machinery properly locked/tagged out by all team members that are working on the task? ☐ N/A ☐ YES ☐ NO
- Is stored energy present or is unexpected movement possible? ☐ YES ☐ NO
- Is area considered a permit required confined space that requires additional air monitoring or ventilation? ☐ YES ☐ NO
- Are you creating a hazard that may injure yourself or someone else? ☐ YES ☐ NO

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Are you creating a hazard that may injure yourself or someone else? ☐ YES ☐ NO

RISK ASSESSMENT



THE VULCAN WAY
Do the right thing, the right way, at the right time.



Questions/Comments