

**ITHA for Toolbox Meeting**

Task: GET HALL READY TO CLOSE

Date: 3/27/08 → 3/28/08

Workers involved: <input checked="" type="checkbox"/> Carraway, <input checked="" type="checkbox"/> Carucci, <input type="checkbox"/> Kellner, <input checked="" type="checkbox"/> Kenyon, <input checked="" type="checkbox"/> Lassiter, <input checked="" type="checkbox"/> Lumanog, <input checked="" type="checkbox"/> Nines	
Locations: <input type="checkbox"/> C, <input type="checkbox"/> EEL, <input type="checkbox"/> Storage, <input type="checkbox"/> Other	Department: Hall C
Division: PHY	Supervisor: W. Kellner/A. Kenyon
Refer to EH&S 3210 Hazard Identification and Characterization and its appendices	

√ NA	<u>Description</u>	<u>Mitigation/Description</u>
✓	PPE Required?	<input checked="" type="checkbox"/> Hardhat, <input checked="" type="checkbox"/> Safety Shoes, <input checked="" type="checkbox"/> Harness, <input type="checkbox"/> Gloves, <input type="checkbox"/> Long Shirt, <input checked="" type="checkbox"/> Safety Glasses, <input type="checkbox"/> Other _____
NA	Welding, grinding or flame cutting?	<input type="checkbox"/> TIG, <input type="checkbox"/> MIG, <input type="checkbox"/> Stick, <input type="checkbox"/> Braze, <input type="checkbox"/> Grinder, <input type="checkbox"/> Oxy-Acetylene, <input type="checkbox"/> Plasma, <input type="checkbox"/> Other _____
NA	Fabricating/machining?	<input type="checkbox"/> Drill Press, <input type="checkbox"/> Mill, <input type="checkbox"/> Lathe, <input type="checkbox"/> Shear, <input type="checkbox"/> Press, <input type="checkbox"/> Band Saw, <input type="checkbox"/> Other _____
✓	Dust, noise, odors, radiation etc?	<input type="checkbox"/> RADCON, <input type="checkbox"/> EH&S/IH, <input type="checkbox"/> Ventilation, <input checked="" type="checkbox"/> Other <u>SWEEEPING compound</u>
NA	Limited space or poor ventilation?	<input type="checkbox"/> EH&S/IH, <input type="checkbox"/> Other _____
NA	Compressed, noxious or liquefied gas?	<input type="checkbox"/> Inert, <input type="checkbox"/> CRYO Group, <input type="checkbox"/> EH&S/IH, <input type="checkbox"/> Flammable, <input type="checkbox"/> House Air, <input type="checkbox"/> Other _____
✓	Crane, hoist, forklift, truck?	<input checked="" type="checkbox"/> 20T in C, <input type="checkbox"/> Shop Hoist, <input checked="" type="checkbox"/> Toyota, <input type="checkbox"/> Crusher, <input checked="" type="checkbox"/> Capacity, <input checked="" type="checkbox"/> Ford, <input type="checkbox"/> Other _____
NA	Electrical work/hazardous energy?	<input type="checkbox"/> LOTO, <input type="checkbox"/> Electrical Worker Req'd, <input type="checkbox"/> Hydraulic, <input type="checkbox"/> Other _____
✓	Work above floor level?	<input type="checkbox"/> Ladder, <input checked="" type="checkbox"/> Pivot, <input checked="" type="checkbox"/> Boom Lift, <input checked="" type="checkbox"/> Scissor Lift, <input type="checkbox"/> Scaffold, <input type="checkbox"/> Other _____
✓	Heavy or repetitive work?	<input checked="" type="checkbox"/> Over 40#, <input type="checkbox"/> Awkward, <input type="checkbox"/> Nuts/bolts, <input type="checkbox"/> Other _____
✓	Special permits?	<input type="checkbox"/> RWP, <input checked="" type="checkbox"/> Pivot, <input type="checkbox"/> SOP _____, <input type="checkbox"/> TSOP _____, <input type="checkbox"/> Hot Work, <input type="checkbox"/> OSP _____, <input type="checkbox"/> Other _____
✓	Specialized training/qualifications?	<input checked="" type="checkbox"/> Hall C, <input checked="" type="checkbox"/> RW I/II, <input type="checkbox"/> ODH, <input checked="" type="checkbox"/> Rigger, <input checked="" type="checkbox"/> Crane, <input checked="" type="checkbox"/> Harness, <input checked="" type="checkbox"/> Aerial, <input checked="" type="checkbox"/> Forklift, <input type="checkbox"/> Other _____
NA	Other hazard?	
	Comments/Feedback? <u>HALL CLOSED ON TIME</u>	