



SAFE PLAN OF ACTION (SPA)

1. Enter the date, project name, contractor name and job task in the blanks where indicated.
2. Plan and review the job task with all the workers involved. On the left side of the form, write down the hazards possible in conducting the task. (How can someone get hurt doing the job?)
3. Consider how this work could affect the building occupants or others in the area. (trip hazards, fumes, dust, noise, vibrations, etc.)
4. Use the right side of the form to identify what can be done to control/eliminate the hazards and any adverse effect to others in the area.

_____ Date _____ Project Name _____

_____ Contractor _____ Job Task _____

TASK HAZARD ASSESSMENT

HAZARDS TO WORKERS / OTHERS	SAFE PLAN

TEAM MEMBER SIGNATURES AND COATS I.D. NUMBERS

Team Member Signature	COATS I.D. Number

cc: University Safety Representative
 File 0031A