

# **APPENDIX 'G' – SAMPLE JOB PLAN**

**1. EMERGENCY RESPONSE PLAN**

|   |   |
|---|---|
| Identify exact location for emergency response:<br><br>How will you execute a rescue? | <b>Emergency phone numbers:</b><br>911<br>204-360-HELP (4357)<br>SCC: 204-474-3369, 204-474-3007, 204-474-3327,<br>VHF: 040<br>Spill Response no./FSO: Jeff Breakey - 204-871-2003, Cyril St. Goddard - 204-771-2145<br>Blowing Gas - Wpg. 204-480-5900<br>Blowing Gas - Rural 1-888-624-9376 |
|---|---|

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**JOB PLAN - UNDERGROUND DISTRIBUTION CONST.  
U/G CONSTRUCTION WINNIPEG**

**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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             |
|                       |              |                | Blocking received from |   | Time        |
|                       |              |                |                        |   | Phone no.   |

**3. HAZARD IDENTIFICATION LIST**

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

| 4. JOB STEPS | MAJOR HAZARDS | REQUIRED BARRIERS | PPE: Minimum Hard Hat and Safety Footwear<br>LIST ALL OTHER REQUIRED PPE including eyewear. | TIMES (LO/TO) |
|--------------|---------------|-------------------|---|---------------|
|              |               |                   | FRC: <input type="checkbox"/> Yes <input type="checkbox"/> No                               |               |
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|             |                    |
|-------------|--------------------|
| REVIEWED BY | DATE<br>yyyy mm dd |
|             |                    |

| 5. HAVE WE CONSIDERED (It is critical that we make note of any <b>changes</b> that may occur during the work cycle)   |   |  |  |   |
|---|---|--|--|---|
| <b>People</b><br><input type="checkbox"/> Person in charge<br><input type="checkbox"/> Qualification of personnel<br><input type="checkbox"/> Other work groups/contractors<br><input type="checkbox"/> Communication<br><input type="checkbox"/> Worker fatigue<br><input type="checkbox"/> Pedestrian control<br><input type="checkbox"/> General public<br><input type="checkbox"/> Traffic control<br><input type="checkbox"/> Safety watcher | <b>Procedures</b><br><input type="checkbox"/> Limits of approach<br><input type="checkbox"/> De-energize/Isolation of apparatus<br><input type="checkbox"/> Safety hold off/Blocking required<br><input type="checkbox"/> Switching orders<br><input type="checkbox"/> Adequate cover-up<br><input type="checkbox"/> Grounding apparatus and vehicles<br><input type="checkbox"/> Work permit/Clearance to work<br><input type="checkbox"/> Permit checklists (soft dig, confined space, etc.)<br><input type="checkbox"/> Review rescue procedures<br><input type="checkbox"/> Spiking/Stethoscoping | <b>Hardware/Equipment</b><br><input type="checkbox"/> Inspection of equipment<br><input type="checkbox"/> Inspection of tools & PPE<br><input type="checkbox"/> Inspection of vehicles<br><input type="checkbox"/> Condition of structures<br><input type="checkbox"/> Safe loads for rigging<br><input type="checkbox"/> Adequate cover-up<br><input type="checkbox"/> Specialized tools - calibrated/tested & up-to-date | <b>Environment</b><br><input type="checkbox"/> Environment checklist<br><input type="checkbox"/> Underground locates<br><input type="checkbox"/> Weather conditions<br><input type="checkbox"/> Soil conditions/Shoring<br><input type="checkbox"/> Lighting conditions<br><input type="checkbox"/> Adjacent structures/Vegetation<br><input type="checkbox"/> Housekeeping<br><input type="checkbox"/> Emergency plan/procedure<br><input type="checkbox"/> Open excavations/Trench | <b>Workers Affect on Environment</b><br><input type="checkbox"/> Cause erosion<br><input type="checkbox"/> Release/spills (liquids/gases/solids)<br><input type="checkbox"/> Waste disposal (liquids/solids)<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Species at risk (plant and animal)<br><input type="checkbox"/> Disturbing waterways/drainage/wetlands/burial grounds<br><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 VISITORS                    |                  | Multi-crew job coordinator      | Cell phone: |
|--|------------------|---------------------------------|-------------|
| Be aware of <b>all</b> work crews in the area. |                  |                                 |             |
| 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<br>yyyy mm dd | WORKSITE VISITOR SIGN OFF | DATE<br>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 |
| <b>If you answered yes to any of these questions, complete an action plan to mitigate environmental risk.</b> |    |   |