



BEST PRACTICES

Be Your Brother's Keeper



 **BEST PRACTICE SEMINAR**



WHO ARE WE AND WHAT DO WE DO?

INDUSTRIAL CIVIL/STRUCTURAL CONTRACTOR

- 4th Generation Family-Owned & Operated
- Serving the Texas & Louisiana Gulf Coast with a passion for people, performance, and community for over 85 years
- Focused on the values of family, integrity, and service in all we do

PRIMARY SERVICES

- Civil Site Work
- Piling & Deep Foundations
- Specialty Shoring
- Concrete Construction
- Asphalt Paving
- Hydro-Excavation
- Structural Steel Erection & Heavy Rigging

OVERVIEW

1

Pre-Job Safety Inspection

2

Jobsite Safety Analysis

3

Critical Task Analysis

4

Testimonies From The
Boots On The Ground





**THE MOST IMPORTANT TOOL
WE HAVE IS COMMUNICATION.**

PRE-JOB SAFETY INSPECTION





PRE-JOB SAFETY INSPECTION

PURPOSE

- Opportunity for our Client, Management Team, Supervisor, Safety and/or Crew to walk the jobsite and discuss permit and PPE requirements, emergency evacuation points, emergency contacts, facilities, and equipment, and identify any existing hazards or damage to the facility Owner's property prior to starting work.
- Allows for all parties involved to communicate the known hazards and safety expectations of the job as well as assign corrective actions to be made and responsibilities for carrying them out.
- Provides opportunities for the supervisor and crew to mark known problem areas, barricade or isolate items, and make specific safety preparations for the work tasks to be completed.
- All personnel assigned to the job (Mason employees and subcontractors) will review and sign off prior to commencement of work.
- Provides visitors with a clear assessment of hazards prior to entry.

Pre-Job Safety Inspection

Form 3.4-4

(To be completed by the Jobsite Superintendent, Safety Representative or other competent person. Specific hazard identification is to be updated daily through the JSA process.)

Job Location Owner Facility / Plant Name: _____ Specific Location (Unit Name or Area Description): _____ City & State: _____	Mason Construction Job #: _____	Project Start Date: _____
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SPECIALIZED TRAINING REQUIREMENTS <input type="checkbox"/> HAZWOPER <input type="checkbox"/> DOT / OQ <input type="checkbox"/> Excavation Competent Person <input type="checkbox"/> Confined Space Training	<input type="checkbox"/> Fresh Air Training <input type="checkbox"/> Respirator Fit Test <input type="checkbox"/> Chain Saw Competent Person <input type="checkbox"/> Other: _____
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PERMIT REQUIREMENTS (Check all that are required)

<input type="checkbox"/> Safe Work Permit	<input type="checkbox"/> Excavation Permit	<input type="checkbox"/> Dry Building / Grading Permit
<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Confined Space Entry Permit	<input type="checkbox"/> Railroad Permit - Rail Rep. _____
<input type="checkbox"/> Lock-out / Tag-out Permit	<input checked="" type="checkbox"/> Vehicle Entry Permit	<input type="checkbox"/> TCEO Permit

811 / ONE CALL REQUIREMENTS - 48 Hour Notice Required (Provide all information & updates required)

<input type="checkbox"/> One Call Not Required	<input type="checkbox"/> One Call Required	<input type="checkbox"/> One Call Initiation Date (m/day/yr) _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____
<input type="checkbox"/> One Call Initiated By: _____	<input type="checkbox"/> Allowable Start Date (m/day/yr) _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____
<input type="checkbox"/> One Call Ticket # _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____	<input type="checkbox"/> One Call 14 Day Update (m/day/yr) _____

SITE SPECIFIC EMERGENCY PLAN

Emergency Signals: All Clear: _____	Evacuation: Primary Muster Point: _____ Secondary Muster Point: _____	Fire: Other: _____
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Designated Evacuation Points:

Emergency Facility Locations:

First Aid / Medical Treatment: _____	Safety Shower: _____	Eye Wash Station: _____
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Escape/Evacuation Procedures

- Shut down all hot work and equipment
- Check Wind Direction
- Walk Up Wind/Across Wind to nearest assembly area for head count and instructions
- No smoking allowed at this time.
- Other: ESTABLISH HEADCOUNT

Emergency Contacts and Reporting	Inside Work Facility:	Contact Name	Inside-Facility Telephone Extension	Outside Telephone Line (Area Code) Telephone Number	
	Mason Site Manager:				
	Mason Site Safety:				
	Client FLS:				
	Client Safety Contact:				
	Other:				
	Other:				
	Outside Work Facility:	Fire & Rescue:	911		
	Ambulance:	911			
	Police:	911			
Mason Construction Office:	(409) 842-4455				
Nearest Hospital:	SETX Medical Center	409.724.7389	Telephone Number to Hospital		
Name of Hospital:	2555 Jimmy Johnson Blvd				
Street Address of Hospital:	Port Arthur, TX				
City:					
Non-Emergency Medical Treatment	Local Golden Triangle Area:	Non-Emergency Medical Transportation of Employees:			
	Business Health Partners 1004 Nederland Ave. Nederland, Texas 77627 (409) 299 5288	Before transporting any employee off-site for non-emergency medical treatment: (1) Have employee checked/examined by the inside facility medical staff/nurse. (2) Confirm with Beaumont Office about treatment options. a. Kelly Nijford (409) 588-1225 b. Randall Owens (409) 782-0927 c. Le Short (409) 781-1909 (3) Contact your client, field and/or safety representative. (if necessary)			
	Outside Local Area				

Turn in a COPY of this document to the Main Office when initial inspection is complete. Turn in ORIGINAL when job is completed for filing in the job folder.

© Mason Construction, LLC

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1

Permit Requirements & Emergency Action Plan



2

Work Description, PPE,
Hazards & Requirements

Pre-Job Safety Inspection, Page 2

GENERAL DESCRIPTION OF WORK SCOPE

PERSONAL PROTECTIVE EQUIPMENT (Check all that are required)

- | | | | | |
|---|--|--|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Nomex / FRC Clothing | <input checked="" type="checkbox"/> Mono Goggles | <input type="checkbox"/> Harness & Lanyard | <input type="checkbox"/> Organic Vapor Badge |
| <input checked="" type="checkbox"/> Safety Glasses | <input type="checkbox"/> Tyvek Suit | <input type="checkbox"/> Face Shield | <input type="checkbox"/> Chaps & Shin Guards | <input checked="" type="checkbox"/> H ₂ S Monitor |
| <input checked="" type="checkbox"/> Steel Toe Boots | <input type="checkbox"/> Chemical Suit | <input checked="" type="checkbox"/> Ear Plugs | <input type="checkbox"/> Life Vest | <input checked="" type="checkbox"/> 4 Gas Monitor |
| <input checked="" type="checkbox"/> Work Gloves | <input checked="" type="checkbox"/> High Visibility Vest | <input type="checkbox"/> Ear Muffs | <input type="checkbox"/> Fresh Air | <input type="checkbox"/> LEL Monitor |

POTENTIAL HAZARDS (Check all that are present /noted)

Underground Hazards?	Area Location / Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Pipeline	
<input type="checkbox"/> Cooling Water Piping	
<input type="checkbox"/> Fire Water Piping	
<input type="checkbox"/> Potable Water Piping	
<input type="checkbox"/> Sewer Piping	
<input type="checkbox"/> Process Piping	
<input type="checkbox"/> Process Sewer	
<input type="checkbox"/> Storm Sewer	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Fiber Optic	
<input type="checkbox"/> Structures/Misc.	

Special safety precautions needed to address the underground hazards include:

Overhead Hazards?

Overhead Hazards?	Area Location / Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> High Voltage Power Line	
<input type="checkbox"/> Communication Line	
<input type="checkbox"/> Electrical Conduit / Cable	
<input type="checkbox"/> Cable Tray	
<input type="checkbox"/> Instrumentation	
<input type="checkbox"/> Process Piping	
<input type="checkbox"/> Steam Piping	
<input type="checkbox"/> Water Piping	
<input type="checkbox"/> Valves	
<input type="checkbox"/> Vessels	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Structural Steel	
<input type="checkbox"/> Stairs & Landings	
<input type="checkbox"/> Work Platforms	
<input type="checkbox"/> Scaffolding	
<input type="checkbox"/> Overhead Work By Others	

Special safety precautions needed to address the overhead hazards include:

Potential Contaminants / Hazards in Soil, Air, Water, etc.

Potential Contaminants / Hazards in Soil, Air, Water, etc.	Area Location / Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hydrocarbon (Benzene, etc.)	
<input type="checkbox"/> Causitic	
<input type="checkbox"/> Acid	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Chemical Leaks / Spills	
<input type="checkbox"/> Fume Releases	
<input type="checkbox"/> Other:	

Special safety precautions needed to address the contaminant hazards include:

Potential health hazards? Yes No

List Contaminants / Hazards

Signs/Symptoms of Contaminants:

SPECIAL WORK REQUIREMENTS

Confined space work? Yes No

Whose procedure are to be used?

Mason's Facility Owner's General Contractor's

Lock-Out/Tag-Out required? Yes No

Name of Responsible Person: _____

If yes, where?

Scaffolding work? Yes No

If yes, where?

Name of Competent Person: _____

Fall protection needed? Yes No

If yes, where?

Excavations greater than 4'-0" deep? Yes No

*Protection Methods - ** Tabulated Data to be On Site***

Name of Competent Person: _____

<input type="checkbox"/> Shoring / Benching	<input type="checkbox"/> Wood Shoring / Fin Form
<input type="checkbox"/> Hydraulic Shores	<input type="checkbox"/> Trench Shields
<input type="checkbox"/> Shoring Box	<input type="checkbox"/> Beam & Plate
<input type="checkbox"/> Steel Plate	<input type="checkbox"/> Sheet Pile
<input type="checkbox"/> Slide Rail	<input type="checkbox"/> Other: _____

Additional Safety personnel required: Yes No

- | | |
|---|---|
| <input checked="" type="checkbox"/> Safety Supervisor | <input type="checkbox"/> Fire Watch/Hole Watch/Bottle Watch |
| <input type="checkbox"/> Safety Technician | <input type="checkbox"/> Gas Monitor (4 Gas, LEL, etc.) |
| <input type="checkbox"/> Flagger/Spotter | |

Lift Plan needed during project? Yes No

Name of Responsible Person: _____

SDS information on site? Yes No

Location: TRAILER

First Aid Kit on site? Yes No

Location: TRAILER

Site Specific Spill Plans:
Contain spill immediately, and notify client contract for directions on disposal and reporting procedures. Contact the Mason Construction Beaumont office once the spill is under control and begin incident report.

Hazards Created by Others - Simultaneous Operations

Hazards Created by Others - Simultaneous Operations	Area Location / Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Congested Work Site	
<input type="checkbox"/> Close Proximity Work	
<input type="checkbox"/> High Traffic Area	
<input type="checkbox"/> Moving Equipment	
<input type="checkbox"/> Nearby Overhead Work	
<input type="checkbox"/> Conflicting Contractor Activities	
<input type="checkbox"/> Conflicting Owner Operations	
<input type="checkbox"/> Other:	

Special safety precautions needed to address the simultaneous operations hazards include:

Jobsite Specific Hazards Recognized? Yes No

List Specific Hazard, Location & Mitigation Steps

List Specific Hazard, Location & Mitigation Steps

Pre-Job Safety Inspection, Page 3

PRE-CONSTRUCTION HAZARD ASSESSMENT

This form is to be used as a guide for the pre-construction jobsite inspection of the work area. Note any potential hazards, their locations and offer corrective actions for each. Designate the party that is responsible for carrying out the corrective action.

Potential Hazards	Location	Corrective Action Required	Responsible Party
General Work Area Appearance			
<input type="checkbox"/> Unstable Ground or Work Surface			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Travel Path or Access Restrictions			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Water and Algae			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Oil Leaks and Spills			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Process Leaks (Steam, Product, Etc.)			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Poor Housekeeping in Area			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Miscellaneous Trash in Area			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Trash Bins or Dumpsters Full			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Utility Hoses on Ground			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Electrical Cords on Ground			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Discarded Boards & Nails			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Discarded Sheet Metal, Steel or Wire			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Discarded Nuts, Bolts or Washers			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Discarded Electrical Scrap			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Broken Concrete or Asphalt			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Exposed Rebar/Impalement Hazards			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Loose Insulation Materials			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Dismantled Piping or Equipment			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Unsecured Piping, Equipment or Steel			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Tools or Supplies Laying Around			<input type="checkbox"/> Mason <input type="checkbox"/> Client
Items in Close Proximity to Work Area			
<input type="checkbox"/> Close Proximity to Power Lines			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Electrical Equipment			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Instrumentation			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Valves or Controls			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Equipment			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Piping			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Hot/Cold Surfaces			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Structures			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Other Crafts			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Roadways			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Water			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Close Proximity to Overhead Work			<input type="checkbox"/> Mason <input type="checkbox"/> Client
Environmental Concerns			
<input type="checkbox"/> High Traffic Area			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Existing Barricades are Inadequate			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Multiple Crafts in Same Work Area			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Owner's Operations Activities in Area			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Potential Falling Objects			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Airborne Particles, Fumes or Vapors			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Potential Exposure to High Noise Levels			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Exposure to Rotating Equipment			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Inadequate Lighting			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Inadequate Visibility			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Inadequate Ventilation/Air Circulation			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Unprotected Floor Openings			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Open Holes, Excavations, Sumps or Pits			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Inadequate Handrails or Barriers			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Work Area Close to A Leading Edge			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Work To Be Performed At Heights			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Unknown Underground Utilities			<input type="checkbox"/> Mason <input type="checkbox"/> Client
Safety and Emergency Equipment			
<input type="checkbox"/> No Safety Shower or Needs Repair			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> No Eyewash Station or Needs Repair			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Inoperable Firefighting Equipment			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Warning Signs Missing or Illegible			<input type="checkbox"/> Mason <input type="checkbox"/> Client
<input type="checkbox"/> Warning Signals or Lights Inoperable			<input type="checkbox"/> Mason <input type="checkbox"/> Client
PRE-CONSTRUCTION WORK START APPROVAL			
Will Subcontractors be Working On Site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name	Subcontractor Representative	Contact Number	Pre-Construction Work Start Approval Recommended Representative
			Mason Supervisor
			Mason Safety or Management
			Owner's Rep:
			Date



3

Hazard Assessment &
Correction Actions

JOBSITE SAFETY ANALYSIS (JSA)





JOBSITE SAFETY ANALYSIS (JSA)

PURPOSE

- Provides crews with the opportunity to have open safety discussions about:
 - Potential hazards associated with the work site
 - Emergency information
 - Other safety documents required for the day
 - Intended work scope for the day
 - Hazards associated with the work
 - Preventative measures to prevent injury
 - Subcontractor hazard communication
 - Simultaneous operations of others working around us
 - Stop work authority
 - Acknowledgement by all parties involved
 - Reminder to “Be Your Brother’s Keeper” (BYBK)

JSA'S FOR SPECIFIC SERVICE LINES

Safety Form: Civil JSA
Mason Construction, LLC
Civil Job Safety Analysis
 General Work Description:

Job Number: _____
 Permit Number: _____
 Date: _____

Facility / Area: _____
 City & State: _____
 County: _____
 Supervisor: _____

Job Prepared By: _____
Reviewed By: _____
Approved By: _____

Schedule Work Hours: _____
Weather Conditions: _____
RTI or Trench: _____
Our Call Ticket #: _____

Emergency Information:

Fire: _____
 Police: _____
 Hospital: _____
 Nearest Safety: _____

Safety Form: Piling JSA
Mason Construction, LLC
Piling Job Safety Analysis
 General Work Description:

Job Number: _____
 Permit Number: _____
 Date: _____

Facility / Area: _____
 City & State: _____
 County: _____
 Supervisor: _____

Job Prepared By: _____
Reviewed By: _____
Approved By: _____

Schedule Work Hours: _____
Weather Conditions: _____
RTI or Trench: _____
Our Call Ticket #: _____

Emergency Information:

Fire: _____
 Police: _____
 Hospital: _____
 Nearest Safety: _____

Safety Form: Structural JSA
Mason Construction, LLC
Structural Steel Job Safety Analysis
 General Work Description:

Job Number: _____
 Permit Number: _____
 Date: _____

Facility / Area: _____
 City & State: _____
 County: _____
 Supervisor: _____

Job Prepared By: _____
Reviewed By: _____
Approved By: _____

Schedule Work Hours: _____
Weather Conditions: _____
RTI or Trench: _____
Our Call Ticket #: _____

Emergency Information:

Fire: _____
 Police: _____
 Hospital: _____
 Nearest Safety: _____

Safety Form: Hydro JSA
Mason Construction, LLC
Hydro Excavation Job Safety Analysis
 General Work Description:

Job Number: _____
 Permit Number: _____
 Date: _____

Facility / Area: _____
 City & State: _____
 County: _____
 Supervisor: _____

Job Prepared By: _____
Reviewed By: _____
Approved By: _____

Schedule Work Hours: _____
Weather Conditions: _____
RTI or Trench: _____
Our Call Ticket #: _____

Emergency Information:

Fire: _____
 Police: _____
 Hospital: _____
 Nearest Safety: _____





1

Potential Hazards & Emergency Information

Safety Form: Civil JSA

Mason Construction, LLC Civil Job Safety Analysis

General Work Description:

Job Number: _____
 Permit Number: _____
 Date: _____

Facility / Plant Name: _____
 City & State: _____
 Specific Work Location: _____
 Supervisor: _____
 JSA Prepared By: _____
 Excavation Competent Person: _____
 Silica Competent Person: _____
 Client Representative: _____
 Client Rep. Phone Number: _____

General Discussion of Potential Hazards that May Exist. Review all that may apply.

<p>Permits (NO VERBAL PERMIT)</p> <p>Safe Work Authorization Permit Hot Work Authorization Permit Confined Space Permit Excavation Permit Lock Out / Tag Out Permit Permit Posted at Job Site Reviewed with Personnel (Mason, Suba, GC, Other) Pre-Job Inspection Reviewed w/ Employers & Subs</p> <p>Personal Protective Equipment (Mark As Needed)</p> <p>Eye Protection: Safety Glasses / Mono Goggles Face Protection: Face Shields / Forestry Shield Hearing Protection: Ear Plugs / Ear Muffs Respiratory Protection: Fresh Air / Escape Pack Respiratory Protection: Cartridge / Dust Mask Atmospheric Protection: H2S Monitor (Manual Test) Head Protection: Hard Hat Body Protection: NOMEX, FRC Cotton, Hi-Vi Vest Body Protection: Tyvek Suit / Chemical Suit Body Protection: Chaps / Shin Guards / Knee Pads Foot Protection: Steel Toe Boots / Metatarsal Hand Protection: (Gloves) Leather / Chemical Fall Protection: Harness & Lanyard (100% Tie-Off) Confined Space Protection: Harness Life Line, Monitor Marine Protection: Life Vest, Ring Buoy, Rescue Boat</p> <p>Electrical</p> <p>Locked, Tagged & Verified Out of Service Extension Cords Inspected Q78 Colors GFCI Receptacle Functional Power Source & Power Tools Inspected Cords Routed out of Travel Path or Protected</p> <p>Barricades</p> <p>In Place / Tags on All Sides / Signs Posted</p> <p>Scaffolding</p> <p>Properly Inspected & Tagged (Sweet-Approved for Use) If Tag is Red or "No" Tag - DO NOT USE! If Scaffold Tag is Yellow, Note All Listed Hazards</p> <p>Trucking Hazards (Truck Drivers, Dump Truck, Concrete Trucks and Delivery Drivers)</p> <p>Be Aware and Stay Clear of all Overhead Lines, Structural Steel, Equipment, and Piping Driver Must Travel Route to Dump or Unloading Area with Escort and Discuss Hazards Utilize Backup Alarm, Honk Horn & Use Flagman When Backing Up Dump Beds Must be Lowered Immediately After Dumping Obey All Posted Speed Limit Signs at All Times / *NO PHONE USE WHILE DRIVING* Journey Management Plan Documented & Communicated Escort Name: _____ Escort Vehicle: _____</p> <p>Overhead Hazards (Mark All That Apply)</p> <p>Power Lines / Communication Lines / Piping / Structural Steel / Equipment / Overhead Loads Protective Measures for Power Lines: De-Energized / Lines Booted / Locked, Tagged & Verified What is the Safe Distance for Working in Close Proximity to These Specific Overhead Hazards?</p>	<p>Hazards (Body)</p> <p>Fall Potential (Working At Heights & Open Holes) Pinch Points / Crushing Potential Slip-Trip Potential Struck By Potential / Line of Fire Poor Body Mechanics (Stretch, Pull, Sprain or Strain) Impalement / Puncture (Barbar Caps Installed?) Burns (Concrete, Grout, Chemical, Electrical, Fire, Welding)</p> <p>Hazards (Environmental)</p> <p>Weather (Heat, Cold, Ice, Snow, Wind, Rain, Lightning, etc.) Airborne Particles (Dirt, Dust, Grit, Liquid, Vapor) Sharp Objects (cut, Scrape, Puncture) Insects, Reptiles, Wild Animals Contaminants (gels, Liquids, Vapors, Products) Unstable Ground or Work Surface Electrical Shock Potential Heat Stress (is adequate hydration & cool down available) Hot/Cold Surfaces Poor Visibility (blind spots, Dark Areas, Night Work, Fog) Poor Housekeeping (Clean Up Throughout the Day) Close Proximity (Traffic, Equipment, Piping, Electrical) Simultaneous Operation (Other Crews or Contractors)</p> <p>Hazards (Chemicals)</p> <p>MSDS Reviewed with Personnel MSDS Location: _____</p> <p>Tools (Red, White, Blue, Yellow)</p> <p>Current Inspection Q78 Colors Proper Tools for the Job Task Good Working Condition (No Damage or Defects) Are Qualifications Required For Use? Perform Visual Inspection Prior to Use Safety Devices in Place (Snap Checks, Safety Caps) Are All Guards in Place & Functional?</p> <p>Process Equipment</p> <p>Locked, Tagged & Verified Out of Service Blinds Inspected & Tagged Lines Blocked, Bled & Free of Contaminant</p>	<p>Excavation</p> <p>Daily Inspection by Competent Person Entry Permits Complete & Gas Test Performed Protective Systems: Shored / Sloped / Benched Protection From Water Accumulation In Place Adjacent Structures or Materials Secured? Hole Watch, Sign-In Log & Air Horn Required? Has Adequate Access/Egress Been Provided?</p> <p>Underground Hazards</p> <p>Do Drawings Note Any Underground Hazards? Are Underground Hazards Present or Visible? Are Underground Hazards Flagged or Marked? Has "311" or "DIG-TESS" Been Notified & Cleared? Have probing requirement been discussed? Exploratory Excavation Performed & Documented Exploratory Findings Marked & Communicated</p> <p>Access / Egress</p> <p>Ladders (Proper Type & Size Used for the Task and Tied Off Securely) Elevated Work Platforms (Scoffolds or Work Decks Inspected) Aerial Lifts (Certified Operator, Fall Protection, Secure Basket Connected) Access Problems (Tight Spots, Heights, Slopes, Deep Excavations) Travel Path Obstructions or Difficult Terrain? Are Confined Space Entry Systems Required? Are Retrieval or Rescue Systems Required? Crane Personnel Basket Required & Certified?</p> <p>Lifting</p> <p>Proper Mechanical Lifting Equipment Utilized? Mechanical Lifting Equipment Inspected? Swing Area Barricaded & Tagged Outrigger Placement Area Stabilized/Matted Have all Weights Been Properly Identified for LIFT? Lift Plan Completed, Approved & Communicated Tag Lines Utilized to Control Handling of Loads Proper Rigging Personnel, Equipment & Techniques Rigging Inspected Prior to Each Use Designated Flagman Communicating with Operator Use Proper Manual Lifting Techniques Seek Assistance with Heavy Manual Lifting</p> <p>Hot Work, Cutting & Welding</p> <p>Hot Work Permit Posted & Gas Test Performed Gauges, Hoses, and/or Leads Inspected Fire Watch Present (Remain On Duty 30 Minutes After Hot Work) Fire Extinguishers (Inspected, Approved & Monthly Tags Current) Charged Fire Hoses Available for Immediate Use Proper Bottle Identification, Storage & Separation Sewers Covered & Protected Remove Combustibles From Area Provide Proper Spark Containment (Fire Blanket) LEL or 4 Gas Monitor Available</p>
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Scheduled Work Hours	Work Permit Valid Hours
From: _____ Until: _____	From: _____ Until: _____
Weather Conditions	811 or Texas One Call Ticket #
_____	_____

Emergency Information	Emergency Information
Emergency Phone # _____	Emergency Phone # _____
Evacuation Alarm Signal _____	Evacuation Alarm Signal _____
Fire Alarm Signal _____	Fire Alarm Signal _____
Shelter In Place Alarm Signal _____	Shelter In Place Alarm Signal _____
All Clear Alarm Signal _____	All Clear Alarm Signal _____
Primary Assembly Area _____	Primary Assembly Area _____
Secondary Assembly Area _____	Secondary Assembly Area _____
Evacuation Route _____	Evacuation Route _____
Nearest Eyewash Station _____	Nearest Eyewash Station _____
Nearest Safety Shower _____	Nearest Safety Shower _____



3

Subcontractor
Communication & SIMOPS

Sub-Contractor Hazard Communication Form

(This is not a time sheet for 3rd party payroll purposes. It is a safety tool to indicate who has received communication of the potential hazards noted today on this Mason jobsite.)

I have read and understand the Jobsite Safety Analysis (JSA), Pre-Job Safety Inspection and WORK PERMITS and agree to adhere to all safety precautions and procedures to complete this job safely.

All workers MUST sign in before starting work, as an acknowledgement of all potential jobsite hazards, and MUST sign out at the end of their shift.

Everyone has the Authorization and Responsibility to STOP Any Potentially Unsafe Condition or Act without Consequence!

Print Subcontractor Name	Sign-In Subcontractor Signature	Print Subcontractor Name	Sign-In Subcontractor Signature

Simultaneous Operations Analysis (SIMOPS)

(To be filled out if other Mason crews, facility owners operations, or other contractors work scopes conflict with this crew's job tasks or create additional hazards that could adversely affect the safety of this crew.)

What Conflicting Tasks Exist?	Who are the Conflicting Contractors/Entities	What Hazards do These Conflicts Create?	What Preventive Measures Must be Taken to Prevent an Injury or Accident from Occurring?

ADDITIONAL AUDITOR SIGNATURE			
Mason Mgmt. Auditor	JSA Rating: 1-10	Client/3 rd Party Auditor	JSA Rating: 1-10

SUPERVISOR CLOSE OUT					
Is the Area Clean?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Have Barricades been Installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Have LOTO Locks been Removed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is All Equipment Properly Staged?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Has the Permit Been Turned In?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Have All Employees Signed Out?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	Supervisor Name		Supervisor Signature		Date & Time Closed

CRITICAL TASK ANALYSIS (CTA)





CRITICAL TASK ANALYSIS (CTA)

PURPOSE

- Provides crews with specific instruction on critical tasks that must be performed where specialized procedures, PPE , equipment, tools, or training must be used to safely execute the work.
- Should be used any time a critical procedure must be deviated from or high-potential risks exist and specific plans with detailed actions and approvals must be put in place to ensure workers can perform the task safely.
- Identifies a designated Person in Charge (PIC) for the supervision of the critical task.
- Must be signed off on by the supervisor and crew members performing the task daily.
- Must be approved by Mason Site Supervision, Mason Safety, the designated Person in Charge, and the Client Representative prior to being authorized to perform the task.



TESTIMONIES FROM THE BOOTS ON THE GROUND

HOW IMPORTANT IS OUR JSA PROCESS AND HOW HAS IT EVOLVED?



Cody Taylor

Safety
Manager



Brian Dugas

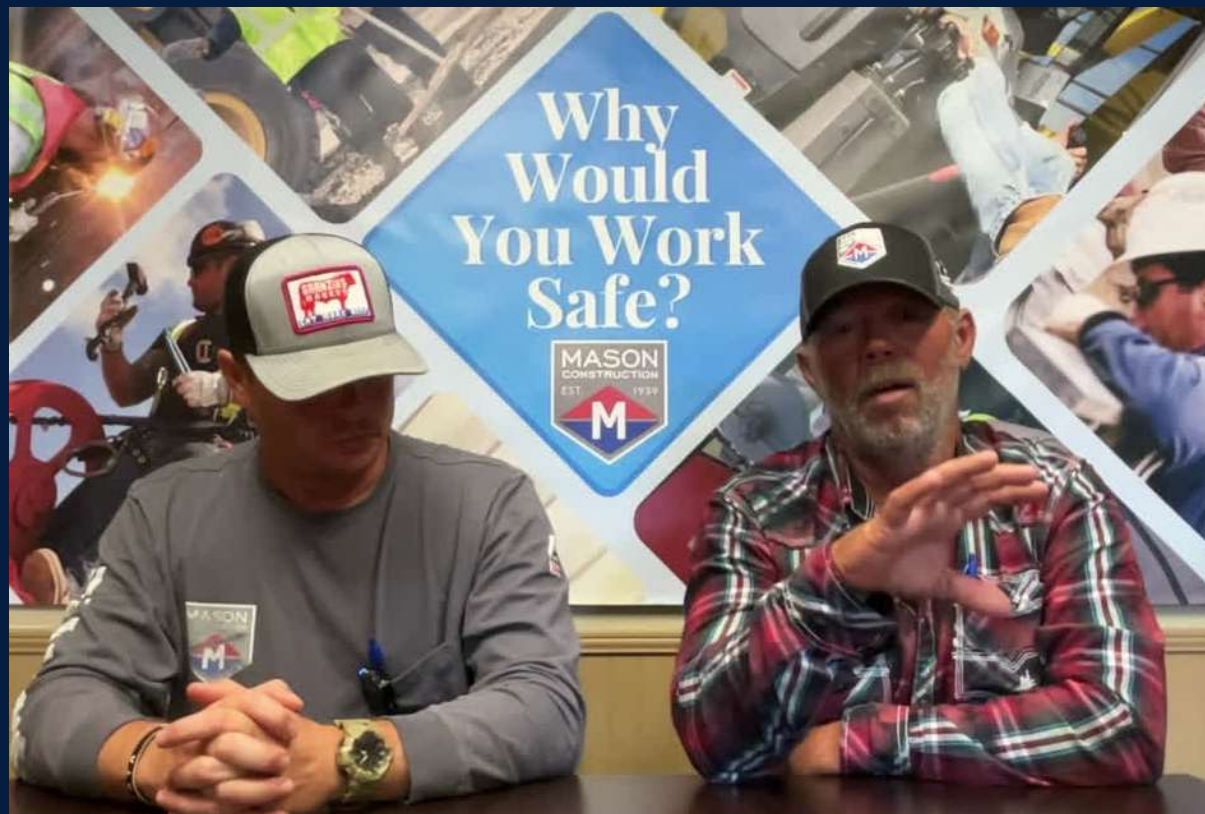
Construction
Manager

WHEN DID YOU FINALLY REALIZE THE IMPACT IT COULD HAVE?



Cody Taylor

Safety
Manager



Brian Dugas

Construction
Manager



OUR SAFETY CULTURE

ONE TEAM

- Our success in business, as well the safety of our coworkers, hinges on the commitment and dedication of each member of our team.
- We succeed or we fail together.
- If we allow one person to be injured on our jobsite, we have collectively failed our mission as a team.

ONE VISION

- Safety, above all else, is at the forefront of our core values. There is nothing we value more than the safety of our Mason Family.
- No task is too critical that it can't be planned or performed safely.
- No job is too urgent that we can't take the time necessary to ensure our team understands the plan, hazards, and mitigations to perform the work safely.

ONE GOAL

- We must each be personally accountable for our own safety.
- Our team must be collectively accountable to each other for the safety of our coworkers and those working alongside us. Be Your Brothers' Keeper (BYBK).
- By being accountable and personally responsible for one another, we preserve the most important thing - our families at home.

EVERYONE GOES HOME SAFE!



**SAFETY IS A BATTLE
WORTH FIGHTING FOR.**

BE YOUR BROTHER'S KEEPER.

