



APPENDIX 2 – Table of Contents – Job Execution Analysis (JEA) Sample



MAMMOET **HEALTH, SAFETY & ENVIRONMENTAL**
JOB EXECUTION ANALYSIS

DATE	JOB/TASK DESCRIPTION GENERAL-OPERATORS LOADING WITH TRAILERS VEHICLES UNDER MOORS	PAGES SUBMITTED	Page of
MC PROJECT NUMBER	CRAPTON PERFORMING JOB TRANSFERS	SUPERVISORS INVOLVED	MANAGER CANADA ADDITIONAL PERSONNEL INVOLVED
N/A	PROJECT NAME MAMMOET	H.S.E / SENIOR MANAGEMENT	CLIENT PROJECT NUMBER N/A

REVIEWED BY (PRINT NAME): DELLY MCEWAN	POSITION MCW TRANSPORT SUPERVISOR	DATE
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TOOLS AND EQUIPMENT REQUIRED	MATERIALS REQUIRED	PROTECTIVE EQUIPMENT	DOCUMENTATION REQUIRED
SCHUERLE TRAILERS	PRE-USE CHECK	HARD HAT SAFETY GLASSES STEEL TOE BOOTS HAND PROTECTION	MAINTANCE LOG PRE-USE CHECK LIST

REFERENCE OF BASIC JOB STEPS/TASKS	HAZARDOUS/POENTIAL HAZARDS	RECOMMENDED HAZARD CONTROL MEASURES/CONTROL MEASURES
PRE TRIP INSPECTION	DEFECTIVE EQUIPMENT ON TRALER	PRE-USE INSPECTION



ALL COMPLIANCE MEASURES

MAMMOET

DATE/TIME: MAY 2/09

RAILER OPERATOR: MIKE MARSDEN

RUCK DRIVER: JERRY NADEAU

LOCATION/AREA: FLINT YARD

VBSJOB NUMBER # 12345-00

NOTE: IF ANY WORKERS ARE ON MEMBER WORK ENSURE THEY ARE WORKING WITHIN THEIR MODIFIED WORK AGREEMENT

HOUSEKEEPING

Are ways and walkways clear of obstructions?
 Yes No Not Applicable

ERGONOMICS

Are rotation required for repetitive tasks, sustained or awkward positions?
 Yes No Not Applicable

Workers use "buddy" system and not overexert when lifting or moving heavy objects?
 Yes No Not Applicable

EMERGENCY COMMUNICATION

What is the means of emergency contact?
 Cell Phone Radio Other

(911) (CH1)

FIRE PROTECTION

Are flammable/combustible materials stored?
 Yes No Not Applicable

Fire Extinguisher at work station?
 Yes No Not Applicable

PERSONNEL COMPLIANCE MEASURES

CSA Approved Work Boots

CSA Approved Glasses w/ Side Shields

CSA Approved Hard Hat

Hearing Protection (IF NEEDED)

Fall Arrest Harness

Coveralls

Signal Vest or Wristlets

REMOVED

PERSONNEL COMPLIANCE MEASURES

Over Dimensional Load Permit

Client Safe Work Permit (IF ISSUED)

Lift Calculation Form (USE IN SHEET)

Engineered Lift Plan

Man basket Permit

Mammoet Safe Work Procedure

Mammoet Safe Work Practice

Material Safety Data Sheet

Other: _____

CREW SIGN ON

1. Mike Marsden

2. Jerry Nadeau

3. Pilot

4. Pilot

5. _____

6. _____

END OF SHIFT REVIEW

Did a NEAR-MISS occur today? If yes, give a brief description: Yes No

If you did not occur, what was your SUPERVISOR'S BEST EVALUATION OF THIS DAY?

Was anyone injured or require first aid today? If yes, explain (who - type of injury - investigation status): Yes No

If you checked YES, CONTACT YOUR SUPERVISOR FOR BEST EVALUATION OF THIS DAY

MAMMOET



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HYDRAULIC TRAILER POST-TRIP INSPECTION

Must be completed and returned to Maintenance Department **IMMEDIATELY** after trip.

Dispatch Number:	Operated by:	Date:
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CHECK	OK	NEEDS REPAIR
Physical Damage to Trailer		
Air Leaks (Hoses, Brake Pots, Valves/Fittings)		
Front Air/Electrical Connection		
Light Operation		
Alignment		
Tire Condition (Wear/Flats)		
Wheel Nuts/Studs		
Axle Seals		
Brake Operation		
Motor Mount/Tank Mount/Platform Mount Condition		
Hydraulic Oil Level		
Hydraulic Leaks		
Hydraulic Cylinders		
Hydraulic Valves		
Hitch/Header (Play/Straightness/Damage/Springs)		
Tie Rod Condition (play/straightness/proper bolt & nut/tightness)		
Reflective Tape/Unit Numbers		
Corner Flags/Chevrons		

Inspection Comments/Completed Repairs:

Mechanic:	Supervisor:	Date:
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