

"For Safety's Sake - Do Something"

Safety Tools: SPA

What is SPA? Safe Plan of Action, or SPA, is an easy to follow system that is designed to reduce injuries by providing a method for analyzing the task at hand, and then making a safe plan that eliminates the potential safety hazards associated with that work to be performed.

Before starting any job, you should always take a few minutes to plan your work, survey the surrounding areas for potential safety issues, select the right tools, and be sure you have the correct Personal Protection Equipment (PPE). The SPA provides a way to help prepare for a safe workplace and only takes a few minutes to complete.

SPAs are used on SSOE managed work sites, and you are highly encouraged to use SPA for work travel and personal use. A quality SPA must answer the three following questions:

1. *What am I about to do (steps of task)?* Conduct a walk around of the area you will be working. Consider how the surrounding equipment or environment might provide a safety hazard for your work. List the main steps that are part of completing the work task.
2. *How could I get hurt (hazard / reaction to change)?* Consider all the known safety hazards and look to find all of the potential safety hazards for each step. Be on the lookout for slips, falls, cuts, or changes during the task. Identify all hazards so that they can be addressed and be eliminated by your safe plan.
3. *What am I going to do to prevent injury (safe plan)?* The SPA will detail the actions taken to eliminate the possibility of injury from the identified safety hazards. List any resources needed to safely complete the task. Some of those resources might include proper PPE, the right tools for the job, safe ladders, good lighting, instruction manuals, or another person to help with the task.

Where do I find SPA forms?

SSOE's SPA form and checklist are attached for you to use both on and off the job. You can also find the SPA forms on the Safety intranet site under the documents link.





Safe Plan of Action (SPA)

S – Stop Work
A – Analyze the Situation
F – Formulate a Plan
E – Execute the Plan

Project No. _____ Contractor _____

Job / Task _____ Work Area _____ Date _____

Activity to be performed _____

Steps of Task	Hazard Expected	Safe Correction Needed	Resources or Tools

*** Use additional sheets if needed for detailed tasks*

Team Members Signatures			

** The signature of the supervisor confirms the completion of the hazard assessment and Safe Plan of Action by the crew.

Supervisors Signature _____ Date _____

Instructions: 1. Write name of job or task in space provided. 2. Conduct survey of work area. 3. Write the steps of the task for safe completion. 4. List all possible hazards involved in each step and expectations. 5. In the Safe Correction column, state actions that will be taken to prevent the hazards or injury from occurring. 6. In Resources column, list equipment, tools, etc. needed to do the job correctly. 8. Have each team member, who helped develop and will use this SPA, to sign in spaces provided. 9. Review the SPA one last time before starting the work. 10. Post completed SPA in the work area until the task is completed. 11. Keep completed SPA's on site until the project is complete. **Note - Work shall stop when conditions change, the job changes, or a deficiency in the plan is discovered and re-create a new SPA.**

Review checklist for SPA / Check all that apply

Required Permits	Hazards	Corrective Actions or Suggestions
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Overhead Wires	<input type="checkbox"/> Power de-energization <input type="checkbox"/> Insulation Blankets Required <input type="checkbox"/> Spotter required
<input type="checkbox"/> Critical Lift		<input type="checkbox"/> Required clearance distance = _____ ft. <input type="checkbox"/> Safe work zone marked out
<input type="checkbox"/> Hot Work Non-Electrical	<input type="checkbox"/> Crane or Other Lifting Equipment	<input type="checkbox"/> Signalperson assigned <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Area around crane barricaded
<input type="checkbox"/> Lock Out / Tag Out		<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Energized Electrical Work	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Estimated locations identified <input type="checkbox"/> Surface surveys completed <input type="checkbox"/> Dig permit from Utilities Services
<input type="checkbox"/> Roof Access		<input type="checkbox"/> Required clearance distance = _____ ft. <input type="checkbox"/> Safe work zone marked
Required PPE	<input type="checkbox"/> Electrical Panels	<input type="checkbox"/> Lock Out / Tag Out / Try Out <input type="checkbox"/> Determine all outputs <input type="checkbox"/> Equipment is de-energized
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Excavations Open	<input type="checkbox"/> Reviewed electrical safety procedures <input type="checkbox"/> Area barricaded <input type="checkbox"/> Re-energization plan in place
<input type="checkbox"/> Hearing Protection		<input type="checkbox"/> Permits <input type="checkbox"/> Inspected prior to entering <input type="checkbox"/> Proper sloping / shoring / benching
<input type="checkbox"/> Hi-Viz vest, jacket or shirt	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access / egress provided <input type="checkbox"/> Protection from accumulated water
Eye Protection		<input type="checkbox"/> Non-electrical Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire watch present
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Vehicular Traffic	<input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Unnecessary flammable material removed
<input type="checkbox"/> Face Shield		<input type="checkbox"/> Traffic barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure established
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Noise >85dB	<input type="checkbox"/> Communication with equipment operator
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Hand & Power Tools	<input type="checkbox"/> Earplugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
Hand Protection		<input type="checkbox"/> Inspect general condition <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE for each tool
<input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Hand Hazards	<input type="checkbox"/> Reviewed safety requirements in operator manual(s) <input type="checkbox"/> Guarding in place
<input type="checkbox"/> Welders Leather Gloves		<input type="checkbox"/> Proper PPE in place <input type="checkbox"/> Protected sharp edges as necessary
<input type="checkbox"/> Nitrile Gloves	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Reviewed proper lifting technique <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Surgical Gloves		<input type="checkbox"/> Hand protection required <input type="checkbox"/> Team lifting
<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> 3ft minimum above landing area
<input type="checkbox"/> Electrical Insulated Gloves		<input type="checkbox"/> Ladder tied-off or held <input type="checkbox"/> Proper angle and placement <input type="checkbox"/> Rated at Type 1 or better
<input type="checkbox"/> Arm Sleeves	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured to structure
Foot Protection		<input type="checkbox"/> Guardrails and Toe boards used <input type="checkbox"/> Footings adequate <input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Sturdy Work Boots	<input type="checkbox"/> Slips, Trips, & Falls	<input type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & materials properly stored
<input type="checkbox"/> Safety Toe Boots		<input type="checkbox"/> Extension cords properly stored <input type="checkbox"/> Work zone free of debris <input type="checkbox"/> Spills cleaned up
<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Guards in place <input type="checkbox"/> Hazards identified <input type="checkbox"/> Hands kept away from area
<input type="checkbox"/> Boot Covers		<input type="checkbox"/> Reviewed SDS <input type="checkbox"/> Exposure monitoring required <input type="checkbox"/> Have proper containers & labels
<input type="checkbox"/> Metatarsal Protection	<input type="checkbox"/> Working with Chemicals	<input type="checkbox"/> Identified proper PPE (respirators, clothing, gloves, etc.)
Respiratory Protection		<input type="checkbox"/> Asbestos or Lead Paint Potential
<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Heat Stress Potential	<input type="checkbox"/> Areas identified clearly by signs or barricades <input type="checkbox"/> Asbestos controls in place
<input type="checkbox"/> Air Purifying Respirator		<input type="checkbox"/> Lead based point controls in place <input type="checkbox"/> Exposure monitoring conducted
<input type="checkbox"/> Supplied Air Respirator	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Refreshments available <input type="checkbox"/> Extra breaks in place
<input type="checkbox"/> SCBA		<input type="checkbox"/> Sunscreen <input type="checkbox"/> Reviewed heat stress symptoms
<input type="checkbox"/> Emergency Escape Respirator	<input type="checkbox"/> Environmental	<input type="checkbox"/> Proper clothing (i.e. gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
Special Clothing		<input type="checkbox"/> Reviewed cold stress symptoms <input type="checkbox"/> Warm up breaks in place
<input type="checkbox"/> Tyvek Coveralls®	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<input type="checkbox"/> Poly Coated Tyvek®		<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
<input type="checkbox"/> Fire Resistant Coveralls	<input type="checkbox"/> Adjacent Work Hazards	<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
<input type="checkbox"/> Rain Suit		<input type="checkbox"/> Animals / Reptiles / Insects hazards
<input type="checkbox"/> Arc Flash Gear	<input type="checkbox"/> Barricades / Covers	<input type="checkbox"/> Notified them of our presence <input type="checkbox"/> Other workers adjacent, above, or below
Fall Protection		<input type="checkbox"/> Coordinated with adjacent supervisor / customer / operator <input type="checkbox"/> Need barriers between
<input type="checkbox"/> Full Body Harness		<input type="checkbox"/> Areas identified <input type="checkbox"/> Danger tape as barrier <input type="checkbox"/> Able to support required loading
<input type="checkbox"/> Single Leg Lanyard		<input type="checkbox"/> Guardrail barriers <input type="checkbox"/> Covers over opening and secured in place <input type="checkbox"/> Warning signs required
<input type="checkbox"/> Double Leg Lanyard	Additional Information	
<input type="checkbox"/> Self Retracting Lanyard		
<input type="checkbox"/> Cross Arm Strap, Choker		
<input type="checkbox"/> Anchor Devices		
<input type="checkbox"/> Horizontal Life Line System		
<input type="checkbox"/> Stanchions and Flags		