



LIFE Analysis Worksheet -- L.A.W.



Task: _____
Date: _____
Customer/Location: _____
Supervisor: _____
Permit Number: _____

Error Precursors (Address on the JSEA)

Work Environment	Individual Capabilities
<input type="checkbox"/> Distractions/interruptions	<input type="checkbox"/> First Time Task
<input type="checkbox"/> Change of Routine	<input type="checkbox"/> Fatigue/Illness
<input type="checkbox"/> Organizational Pressure	<input type="checkbox"/> Life Event
<input type="checkbox"/> Congested Work Area	<input type="checkbox"/> Lack of Understanding
<input type="checkbox"/> Personality Conflict	<input type="checkbox"/> Adherence to Rules

Any additional PPE not listed in this checklist must be added to the JSEA

Select the appropriate PPE required to perform this task:

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Respirator	<input type="checkbox"/> Welding Suit/Hood
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Gloves (Specify):
<input type="checkbox"/> Safety Boots	<input type="checkbox"/> Work Vest (High Vis)	<input type="checkbox"/> Cotton
<input type="checkbox"/> PFD	<input type="checkbox"/> FR Clothing	<input type="checkbox"/> Leather
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Arctic Gear	<input type="checkbox"/> Impact Resistant
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Chemical Suit/Apron	<input type="checkbox"/> Chemical
<input type="checkbox"/> Goggles	<input type="checkbox"/> Flash Suit	<input type="checkbox"/> Kevlar

Task Demands	Human Nature
<input type="checkbox"/> Time Pressure	<input type="checkbox"/> Stress
<input type="checkbox"/> High Work Load	<input type="checkbox"/> Complacency/Overconfident
<input type="checkbox"/> SIMOPS	<input type="checkbox"/> Tunnel Vision
<input type="checkbox"/> Unclear goals, roles	<input type="checkbox"/> Inaccurate Risk Perception
<input type="checkbox"/> Inadequate job planning	<input type="checkbox"/> Mindset
<input type="checkbox"/> Repetitive Actions	<input type="checkbox"/> Loss of Focus

Physical Hazardous Energy Sources (Address on the JSEA)

Electrical	Pressure	Radiation	Temperature	Biological
<input type="checkbox"/> Power Lines	<input type="checkbox"/> Compressed Cylinders	<input type="checkbox"/> Lighting	<input type="checkbox"/> Open Flames	<input type="checkbox"/> Bacteria or Viruses
<input type="checkbox"/> Static Electricity	<input type="checkbox"/> High Pressure Equipment	<input type="checkbox"/> Microwaves	<input type="checkbox"/> Ignition Sources	<input type="checkbox"/> Bloodborne Pathogens
<input type="checkbox"/> Energized Equipment	<input type="checkbox"/> Hoses	<input type="checkbox"/> X-Rays	<input type="checkbox"/> Hot or Cold Surfaces	<input type="checkbox"/> Contaminated Water
<input type="checkbox"/> Electrical Cords	<input type="checkbox"/> Piping	<input type="checkbox"/> Sun Rays	<input type="checkbox"/> Liquids or Gases	<input type="checkbox"/> Nature (Stings/Bites)
<input type="checkbox"/> Cable Tray	<input type="checkbox"/> Water/Steam	<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Trash or Waste
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Chemical	Motion	Gravity	Sound	Mechanical
<input type="checkbox"/> Fumes or Flammable Vapors	<input type="checkbox"/> Moving Objects	<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Impact Noise	<input type="checkbox"/> Motors
<input type="checkbox"/> Corrosives	<input type="checkbox"/> Flying Debris	<input type="checkbox"/> Uneven Surfaces	<input type="checkbox"/> Vibration	<input type="checkbox"/> Stored Energy
<input type="checkbox"/> Carcinogens or Toxins	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Equipment	<input type="checkbox"/> Conveyers/Belts
<input type="checkbox"/> Inert Gas/Low Oxygen	<input type="checkbox"/> Vehicle Operations	<input type="checkbox"/> Dropped Objects	<input type="checkbox"/> Indoor Amplification	<input type="checkbox"/> Rotating Equipment
<input type="checkbox"/> Combustibles	<input type="checkbox"/> Bending/Lifting/Twisting	<input type="checkbox"/> Ladder Work	<input type="checkbox"/> High Pressure Release	<input type="checkbox"/> Compressed Springs
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

List the specific hazards and applicable EBI's Number

2.0 Body Positions Ergonomics

2.1 Ascending/Descending – Is the person changing elevation on structures designed for changing elevation?

- Maintain 3-point contact at all times
- Stay 100% tied off at all times
- Make sure pathway is clear when changing elevation

2.2 Avoiding Line of Fire – Is the person(s) in position to avoid being struck, sprayed or pinned if stored energy is released?

- Stand out of path of suspended loads
- Stand out of path of released energy sources
- When using cutting instruments, cut away from the body

2.3 Avoiding Pinch Points – Is the person(s) keeping body parts clear of tight clearances that may be close together?

- Closing surfaces
- Stationary or moving surfaces

2.4 Getting Help – Does the person ask for help when the task required more than one person?

- 50lb. lifting rule
- Length, Weight & Shape

2.5 Lifting and Lowering – Does the person lift in a manner that prevents injury?

- Bend at knees, lift with legs, keep load close to body & avoid twisting and awkward body positions.
- Obstructed vision
- 50lb. lifting rule

2.6 Overextending/Cramping – Is the person extending beyond a safe distance or cannot stand upright?

- Overreaching
- Cramped/Awkward positions

2.7 Pushing and Pulling – Is the person using correct posture and strain free position?

- Secure footing
- Body position

2.8 Standing/Sitting/Kneeling – Is the person using correct posture & in a strain free position?

- Body position
- Repetitive motion
- Frequent breaks

2.9 Watching where Walking – Is the person looking for hazards in the path from below, above & to the sides?

- Scanning
- Secure footing
- Walkways

2.10 Watching where Working – Does the person have a clear unobstructed view of the work?

- Sustain communication
- Scan area for obstruction
- Scan for overhead obstruction

2.11 Working at a Safe Pace – Is the person moving or performing a task in a hurried or erratic tempo?

- Slow cautious movements
- Maintain a controlled deliberate pace

3.0 Tools and Equipment

3.1 Inspecting Equipment – Inspect tools before use & ensure equipment is free from defects.

- Pre-use inspections
- Fall Protection
- Rigging

3.2 Selecting Tools/Equipment – Select tools designed for the task being performed.

- No modified tools
- No cheater pipe
- Mark wrench

3.3 Storing Tools / Equipment – Is all equipment in the off position & secure? Are tools clean & turned in at the tool room/storage area?

- Strap all loads
- Secure tools & equipment
- Arrange to prevent accidents/incidents

4.0 Permits

4.1 HEC (Hazardous Energy Control) – Are energy sources isolated from unexpected release?

- Verification
- Lockout/Tagout
- Double Block & Bleed
- Blinds
- Skillets

4.2 Communication – Notification to affected personnel.

- Hot Work
- SIMOPS
- Confined Space
- Vessel Entry
- Critical Lift

4.3 Labeling – Notices & warning signs are in place where needed and in plain sight.

- Caution/Danger Tape
- Barricades
- Signs/Labels

5.0 Personal Protective Equipment

5.1. Protecting Breathing – Is respiratory protection being used where respirator hazards exist?

- Vessel Entry
- H2S
- Confine Space
- Monitors

5.2 Protecting Body – Is proper protection being used for the task being performed?

- FRC
- PFD
- Tyvek Suits
- Arc Flash Suits

5.3 Protecting Eyes & Face – Does eye or face protection provide protection for the task being performed?

- Goggles
- Face Shield
- Safety Glasses (Z-87)
- Welding Shield

5.4 Protecting Feet & Ankles – Is foot/ankle protection being used as needed for the task being performed?

- Steel Toe Shoes/Boots
- Defined Heel
- Sturdy

5.5 Protecting from Falls – Is exposed person above 6 feet, or outside a handrail or open deck?

- 100% tie off
- Full Body Harness
- PFD (if applicable)
- Fall Arrest System

5.6 Protecting Hands – Does hand protection being worn provide protection for the task being performed?

- Leather
- Cotton
- Cut Resistant
- Impact Resistant
- Chemical Resistant

5.7 Protecting Head – Is the person wearing a hard hat that will protect his/her head from hazards?

- Hard Hat
- Check Expiration Date

5.8 Protecting Hearing – Is the person wearing hearing protection when/where it is required?

- Verification (85 decibels or above)
- Ear Plugs
- Ear Muffs
- Double Hearing Protection (Both)

6.0 Housekeeping

6.1 Housekeeping-Is the area and equipment free of trash and material before, during, & after the task?

- Clear work area as you go
- Keep walkways clear
- Dispose of trash in proper containers

