

The **BSO Plus Safety Topic** is a review designed from the BSO Plus agenda. This safety topic is your way to stay current on the safety information over the 3 years between BSO Plus and BSR.

## TASK ANALYSIS SAFETY CARD (TASC)

### What is a TASC?



TASC means “*Task Analysis Safety Card*”. It is used to identify all hazards associated with a specific task and list how the hazards will be controlled. The purpose of a TASC is to provide an opportunity for all workers to discuss the key steps of a job, the hazards associated with the job, and methods to be used to control or eliminate those hazards. TASC ensures that everyone working on the job has the same understanding of risks and controls and is specific to the task being completed at the time.

### What are the benefits of TASC?

- ✓ Provides a reference point for changing conditions or hazards
- ✓ Is complementary to Job Safety Analysis
- ✓ Increases the communication of hazards in the workplace
- ✓ Effective method for identifying hazards associated with each step of the job
- ✓ Clearly lists all controls required to mitigate the hazards
- ✓ Promotes a safer workplace by including the entire job crew in the process

### IEC SURVEY RESULTS

#### What You Said:

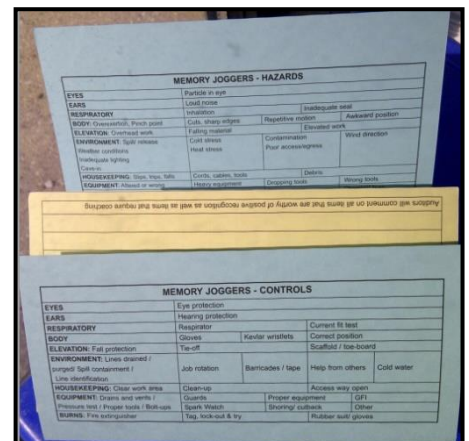
- Do you believe TASC is useful tool for improving the safety of a job?  
**91% said “yes”**
- Do you think TASC is used properly?  
**77% said “yes”**

### How do you complete a TASC?

A TASC should be completed before the start of every task and re-evaluated after any breaks in the work, or any time circumstances change throughout the work. The objective is to list:

- Each step involved in the task;
- All of the hazards associated with each step; and
- The controls that will be used to mitigate the hazards.

TASC's are intended to be filled out in the field where the work is being done, and to include all workers involved in the task. Once completed, TASC's are kept on the jobsite, where they are available for review by the crew and their supervisor/foreman.



## Procedure

Prior to work beginning, each work group will be required to complete a TASC.

- **Management** is responsible for providing the resources to support the TASC program.
- **Supervision** is responsible for ensuring that TASC's are effectively completed by all workers within their work group(s) for every job. Supervision will:
  - review the job's expected step(s) with the workers
  - provide information on known hazards
  - discuss methods to control or eliminate the risks
  - review the quality of the completed TASC and provide feedback to workers
  - sign off the TASC
- All **workers** are responsible to participate in the development of TASC's. The workers must take the time to complete the TASC as a work group at the job location prior to work commencing. Workers must:
  - know and understand the specific assignment for which the card is being filled out
  - know the location of the job
  - take required time to fill out the TASC at the job location
  - participate and discuss the TASC
  - look around the job-site for any risks not covered by the JSA
  - identify and understand the hazards associated with the job
  - identify and understand any hazards created by completing a job task
  - understand how to control or eliminate the hazards associated with the job
  - monitor and recognize changing conditions and then update/revise TASC
  - keep the TASC with them at the job-site
  - know the location of the TASC
  - hand in the TASC at the end of the day/job
- If during the job/shift/day the scope changes or new hazards are identified, the workers will modify the same TASC or develop a new one to reflect the changed conditions. The TASC must be reviewed/modified:
  - if a new worker joins the work group at any point during work covered by the TASC
  - after each break

**DO NOT BEGIN WORK UNTIL ALL KNOWN HAZARDS HAVE BEEN CONTROLLED OR ELIMINATED**

**See the following page for a sample of the Safety Partnership's Task Analysis Safety Card (TASC)**



## SAFETY PARTNERSHIP'S TASK ANALYSIS SAFETY CARD (TASC)

| MEMORY JOGGERS - HAZARDS  |                            |                                     |                  |
|---|----------------------------|-------------------------------------|------------------|
| EYES  | Particle in eye            |                                     |                  |
| EARS  | Loud noise                 |                                     |                  |
| RESPIRATORY   | Inhalation                 | Inadequate seal                     |                  |
| BODY: Overexertion, Pinch point   | Cuts, sharp edges          | Repetitive motion                   | Awkward position |
| ELEVATION: Overhead work  | Falling material           | Elevated work                       |                  |
| ENVIRONMENT: Spill/ release<br>Weather conditions<br>Inadequate lighting<br>Cave-in | Cold stress<br>Heat stress | Contamination<br>Poor access/egress | Wind direction   |
| HOUSEKEEPING: Slips, trips, falls   | Cords, cables, tools       | Debris                              |                  |
| EQUIPMENT: Altered or wrong   | Heavy equipment            | Dropping tools                      | Wrong tools      |
| BURNS: Flammables, Thermal burn   | Fire                       | Electric shock                      | Chemical burn    |

## SAFETY PARTNERSHIP TASC

**Before completing this form, do a visual inspection of the job-site.**

|  |  |               |                     |                              |  |  |           |                     |           |
|--|--|---------------|---------------------|------------------------------|--|--|-----------|---------------------|-----------|
| Company:   |  | Date:         |                     | Emergency #                  |  |  |           |                     |           |
| Supervisor:  |  | Client Site:  |                     | Emergency Assembly Location: |  |  |           |                     |           |
| Wind Direction:  |  | Job Location: |                     |                              |  |  |           |                     |           |
| Do you require a permit for your work today?                           |  |               |                     | YES                          | NO   | Permit #                                       |           |                     |           |
| Special requirements?  |  |               |                     |                              |  |  |           |                     |           |
| How will weather conditions affect your work today?                    |  |               |                     |                              |  |  |           |                     |           |
| Is there a heat stress issue today? YES NO                             |  | Humidex is:   |                     | Cold stress issue? YES NO    |  | Wind chill is:                                 |           |                     |           |
| Where is the nearest eye-wash and/or safety shower?                    |  |               |                     |                              |  |  |           |                     |           |
| Could the crew's activities impact others?<br>If YES, How?             |  |               |                     | YES                          | NO   | Did the crew sign the permit today?<br>YES N/A |           |                     |           |
| Who is your site-rep for emergency reporting?                          |  |               |                     |                              |  |  |           |                     |           |
| Is everyone mentally/ physically prepared to complete this job?        |  |               |                     | YES                          | NO   |  |           |                     |           |
| Describe your job today:   |  |               |                     |                              |  |  |           |                     |           |
| <b>Key Job Steps</b>   |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
| <b>Specific Hazards</b>  |  |               |                     | <b>Specific Controls</b>     |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
| <b>Worker Signature</b><br>(Review and initial after breaks and lunch) |  | 1st Break     | Initial after lunch | 2nd Break                    | <b>Worker signature</b><br>(Review and initial after breaks and lunch) |  | 1st Break | Initial after lunch | 2nd Break |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
|  |  |               |                     |                              |  |  |           |                     |           |
| Is housekeeping complete? YES NO                                       |  |               |                     |                              | Supervisor Signature:  |  |           |                     |           |