

1. ACTIVITY INFORMATION

Activity / Task Name

AHA #

Project / Site

Date Prepared

Prepared By

Reviewed By

Approved By

2. REQUIRED TRAINING, COMPETENCIES & INSPECTIONS

Required training / certifications (e.g., OSHA 10/30, EPA 608, NFPA 70E, fall protection, confined space)

Required equipment & pre-use inspections (e.g., harnesses, meters, ladders, lifts)

3. REQUIRED PPE

☐ Hard hat

☐ Safety glasses

☐ Hearing protection

☐ Cut-resistant gloves

☐ Electrical gloves (Class:___)

☐ Steel-toe boots

☐ Hi-vis vest

☐ FR clothing

☐ Arc-rated (cal/cm²:___)

☐ Respirator (type:___)

☐ Fall harness + lanyard

☐ Face shield

STOP-WORK AUTHORITY: Any worker may stop work for an unsafe condition — no reprisal.

4. JOB STEPS, POTENTIAL HAZARDS & CONTROLS

#	Job Step	Potential Hazards	Controls / Mitigation	RAC	Responsible

STOP-WORK AUTHORITY: Any worker may stop work for an unsafe condition — no reprisal.

5. RISK ASSESSMENT CODE (RAC) MATRIX

Assign a RAC to each step using Severity × Probability. Re-assess after controls.

Severity ↓ / Prob →	Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	E	E	H	H	M
Critical	E	H	H	M	L
Marginal	H	M	M	L	L
Negligible	M	L	L	L	L

- Legend:
- E Extremely High — STOP. Senior management approval
 - H High — additional controls required before proceeding
 - M Medium — controls in place, monitor
 - L Low — acceptable with standard controls

6. EMERGENCY RESPONSE PLAN

Nearest hospital (name / address / phone)

Muster point & evacuation route

Site emergency contact

Stulz on-call supervisor

7. CREW ACKNOWLEDGMENT & APPROVAL

Signing indicates the crew has reviewed this AHA, understands hazards & controls, and has stop-work authority.

Printed Name	Role	Signature	Date