

Lockheed Martin Injury and Illness Prevention Program

PROJECT SAFETY ANALYSIS

This document is intended to identify Environment Safety and or Health risks as they become evident or suspected. The document is to be completed and signed by the field engineer(s) and approved by the field engineers' manager.

Client's Name: _____

Client's Address _____

Client's Point of Contact / Phone Number: _____

Client's ESH POC / Phone Number: _____

Closest Emergency Medical Treatment facility to this client's facility:

Have you obtained a copy of the client's **Safety Plan**? Y ___ N ___ N/A ___

Have you received a client's Safety Briefing? Y ___ N ___ N/A ___

Will you be required to access electrical breaker panels, knife switches, transformers, motor controllers or other energized electrical equipment? Y ___ N ___

Will you be required to access a roof-top or other location 7.5' or more above the next level down? Y ___ N ___

Will you be working in a remote¹ location? Y ___ N ___

Will you be working or passing through manufacturing / shipping and receiving locations? Y ___ N ___

Will you be working in or around overhead cranes? Y ___ N ___

Will you be required to assess/enter areas that are considered confined spaces such as underground pits, tanks, vaults, chillers, insider water towers? Y ___ N ___

If you answered **Yes** to any of the above questions;

- Have you received the appropriate safety briefing, training or certification needed to proceed?
- Have you received and have ready the appropriate PPE?
- Do you have the address of the closest emergency medical facility?
- If traveling to a remote facility, do you (1) have two-way communication and (2) have you advised your manager of your intended travel route and length of stay.

Project Safety Analysis Reviewed BY: _____ Title: _____

Date: _____

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ESH ASSESSMENT

Initial ESH assessment and decision to proceed with project made by: _____

Date: _____

Cautions, special PPE & / or customer requirements noted:

STOP WORK AUTHORIZATION

All Lockheed Martin employees and or sub-contractors to Lockheed Martin have "**Stop Work**" authorization if an unsafe situation is encountered.

Field Engineer's Initial: _____ Field Engineer's Initial: _____ Field Engineer's Initial: _____

ENERGIZED ELECTRICAL WORK AUTHORIZATION

(1) Description of job location / circuit / equipment:

(2) Description of work to be performed:

(3) Justification of why power data cannot be obtained by calculation:

Energy Services Management Signature: _____ **Date:** _____