

# 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 remote<sup>1</sup> 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:**

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## 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:

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(2) Description of work to be performed:

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

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**Energy Services Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_