WRIGHT BROTHERS
THE BUILDING COMPANY

We do Safety the Wright way.

Work Activity Safety Plan (WASP)

Revised 10-1-21

Dates: From _____ to _____	Time: From: _____ to _____	Company Name:	Work Location:
Weather Conditions: ☐Sunny ☐Cloudy ☐Foggy ☐Windy ☐Raining ☐Snowing ☐Air Temperature:			

Purpose: *To identify work activity, identify hazards and determine a method to eliminate or control the hazards to prevent injury.*
INSTRUCTIONS: Describe the work activity, list job tasks in column 1, hazards in column 2, risks & hazard controls in column 3.
NOTE: "HIGH-RISK ACTIVITIES" requires review by the Superintendent and the WBTBC Risk/Safety Department.

DESCRIPTION OF WORK:

1. WHAT ACTIVITIES ARE WORKERS DOING?	2. WHAT ARE THE HAZARDS AND RISKS INVOLVED?	3. HOW ARE WORKERS BEING PROTECTED FROM HAZARDS AND RISKS?

Demolition Work/Tenant Improvements: Have you checked and verified for asbestos?

PPE Required: ❑Hard Hat ❑High-Visibility Vest ❑Gloves ❑Safety Glasses ❑Goggles ❑Respirator ❑Fall Protection ❑Other _____

Are Workers trained: ❑Fall Protection ❑Forklift ❑Boom lift ❑Scissor Lift ❑Scaffolding ❑Emergency Action Plan ❑First Aid/CPR ❑Respirator ❑Other training

Identify, Evaluate, and Control the Fatal Four Hazards

FALLS

- ❑ **review fall protection plan & rescue plan**
- ❑ work at or above 4 feet 6 feet
- ❑ floor openings
- ❑ ladders/stairs
- ❑ aerial work platforms/scissor lift (MEWP)
- ❑ scaffolds
- ❑ other_____

STRUCK-BY

- ❑ **flaggers-review traffic control plan**
- ❑ flaggers-review flagger lay-out areas
- ❑ vehicles & heavy equipment traffic
- ❑ review crane lift plan
- ❑ approved rigging equipment
- ❑ falling objects
- ❑ other_____

ELECTROCUTION

- ❑ **overhead power lines signage**
- ❑ review lock out-tag out procedures
- ❑ inspect electrical cords/3rd ground prong
- ❑ equipment inspected/grounded
- ❑ working in wet areas/rain
- ❑ energized equipment
- ❑ other_____

CAUGHT-IN BETWEEN

- ❑ **trench/excavations plan**
- ❑ **daily inspection and photos**
- ❑ review lock out-tag out procedures
- ❑ working in a tight area
- ❑ parts of body in line of fire
- ❑ machinery moving parts

other_____

Worker's Signature: *I understand the work to be performed, the hazards involved, and the hazard controls to prevent injury for this work.*

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

PM/APM/Superintendent Signature: _____ Phone # _____

Foreman Signature: _____ Phone # _____