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INVOICE # **32301**

LUNCH: Yes ☐ No ☒ DATE: **Sept. 8/20**

|                | QUANTITY | HOURS      | CIRCLE ALL APPLICABLE:                        | CLIENT: <b>EAM</b>                             | <b>0326</b> |
|----------------|----------|------------|-----------------------------------------------|------------------------------------------------|-------------|
| TRUCK & T.C.P. | <b>1</b> | <b>6.5</b> | <input checked="" type="checkbox"/> WKDAY     | PROJECT # <b>1000Q-21 101305 PO# 4-508-030</b> |             |
| T.C.P.         |          | <b>6.5</b> | <input type="checkbox"/> WKEND                | SITE ADDRESS: <b>American Cr. Hwy 1</b>        |             |
| ARROW TRAILER  |          |            | <input checked="" type="checkbox"/> DAY SHIFT | SITE REP: <b>Ken Day</b>                       | SIGNATURE:  |
| TRAVEL         |          |            | <input type="checkbox"/> EVE SHIFT            |                                                |             |
| T.M.P.         |          |            | <input type="checkbox"/> EMERGENCY C/O        |                                                |             |

|                       |               |                  |               |       |        |       |        |       |        |
|-----------------------|---------------|------------------|---------------|-------|--------|-------|--------|-------|--------|
| NAME: <b>Samantha</b> |               | NAME: <b>Liz</b> |               | NAME: |        | NAME: |        | NAME: |        |
| START                 | FINISH        | START            | FINISH        | START | FINISH | START | FINISH | START | FINISH |
| <b>7 AM</b>           | <b>130 AM</b> | <b>7 AM</b>      | <b>130 AM</b> |       |        |       |        |       |        |

**TOOL BOX TALK & TMP**

WEATHER: **Clear / Hot**

ROAD CONDITIONS: **Dry**

| TASK        | HAZARD                   | CONTROLS                         | RISK RANK |
|-------------|--------------------------|----------------------------------|-----------|
| <b>SLAT</b> | <b>Traffic</b>           | <b>Signs</b>                     | <b>2B</b> |
|             | <b>flying debris</b>     | <b>hard hat / safety glasses</b> | <b>2B</b> |
|             | <b>Slips &amp; trips</b> | <b>Spant control</b>             | <b>2B</b> |
|             | <b>wild life</b>         | <b>Whistle / Radio</b>           | <b>2B</b> |

**POTENTIAL HAZARDS: (check all that apply)**

|                                                   |                                                     |                                                      |
|---------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Avalanche Zone           | <input type="checkbox"/> Extreme Weather            | <input checked="" type="checkbox"/> Exposure Dust    |
| <input checked="" type="checkbox"/> Blind Corner  | <input checked="" type="checkbox"/> Heavy Lifting   | <input checked="" type="checkbox"/> Exposure Noise   |
| <input checked="" type="checkbox"/> Flying Debris | <input type="checkbox"/> Intersection               | <input checked="" type="checkbox"/> Mobile Equipment |
| <input checked="" type="checkbox"/> High Traffic  | <input type="checkbox"/> Night Work                 | <input checked="" type="checkbox"/> Wild Life        |
| <input checked="" type="checkbox"/> Pinch Points  | <input checked="" type="checkbox"/> Remote Location | <input type="checkbox"/> Other                       |
| <input checked="" type="checkbox"/> Slips/Trips   | <input type="checkbox"/> Excavations                | <input type="checkbox"/> Other                       |

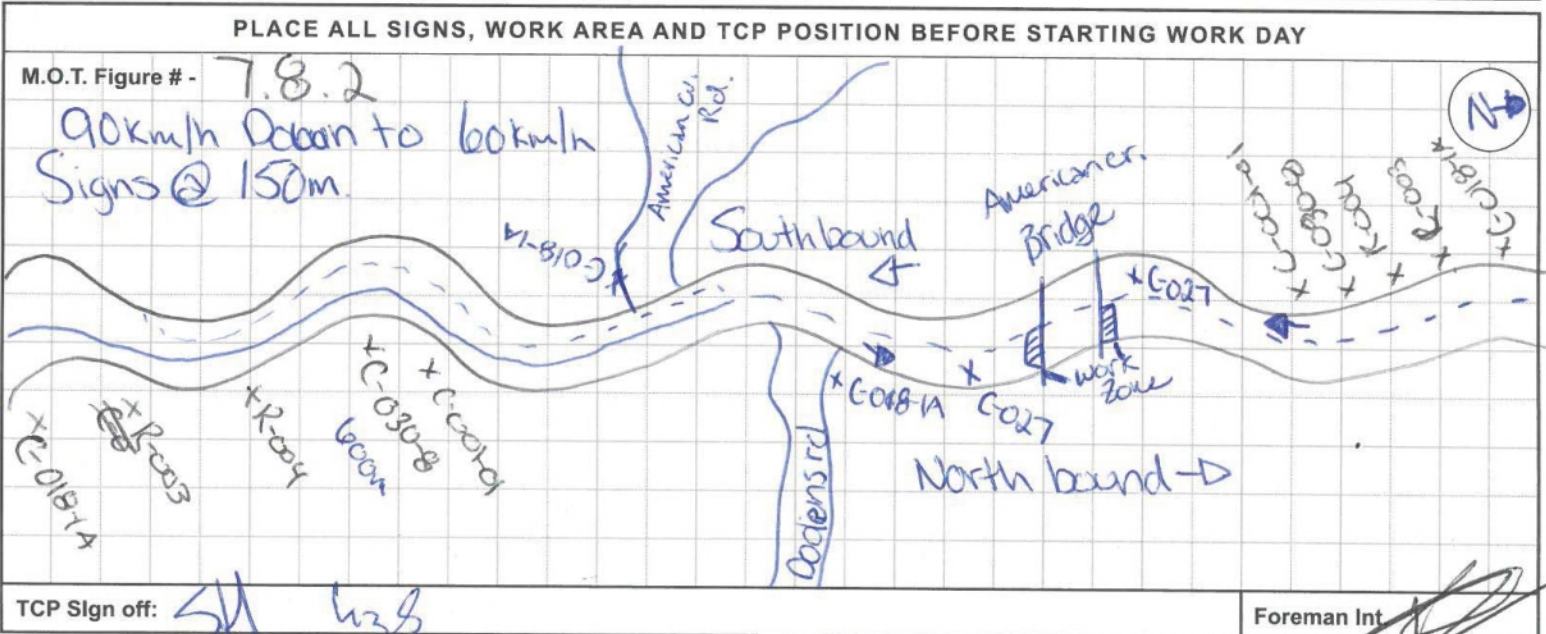
**CONTROLS: (check all that apply)**

|                                                   |                                                    |
|---------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Extra Signage | <input type="checkbox"/> Dust Mask                 |
| <input checked="" type="checkbox"/> Gloves        | <input checked="" type="checkbox"/> High Viz       |
| <input checked="" type="checkbox"/> Hard Hat      | <input checked="" type="checkbox"/> Safety Glasses |
| <input checked="" type="checkbox"/> Whistle       | <input checked="" type="checkbox"/> Wristbands     |
| <input type="checkbox"/> Hearing Protection       | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Nightwand                | <input type="checkbox"/> Other                     |

**RISK PRIORITY RANKING**

| SEVERITY                                                 | PROBABILITY                     |
|----------------------------------------------------------|---------------------------------|
| <b>1) Imminent Danger</b><br>(Death, Loss of Facilities) | <b>A) High</b><br>(VERY LIKELY) |
| <b>2) Serious</b><br>(Severe Injury, Equipment Damage)   | <b>B) Moderate</b><br>(LIKELY)  |
| <b>3) Minor</b><br>(Non-injury, No Damage)               | <b>C) Low</b><br>(NOT LIKELY)   |

ALL IDENTIFIED RISKS MUST BE MITIGATED/CONTROLLED



**We keep you safe**