

Project Description: _____

Expected Start Date: _____

Expected Duration: _____

WO/PO/CAR # _____

Facilities Included in Scope: _____

Proposed Contractor	Alternate #1	Alternate #2
<input type="checkbox"/> Insurance Obtained	<input type="checkbox"/> Insurance Obtained	<input type="checkbox"/> Insurance Obtained
<input type="checkbox"/> Terms & Conditions Signed	<input type="checkbox"/> Terms & Conditions Signed	<input type="checkbox"/> Terms & Conditions Signed

Anticipated Subcontractors: _____

Specialty Licenses / Permits required – Does work involve:

- | | |
|--|--|
| <input type="checkbox"/> Radiation Emitting Devices | <input type="checkbox"/> Hazardous Waste Transportation / Storage / Disposal |
| <input type="checkbox"/> Ozone Depleting Substances | <input type="checkbox"/> Non-hazardous Waste Transportation / Storage / Disposal |
| <input type="checkbox"/> Pesticide Application | <input type="checkbox"/> Hazardous Materials abatement / Remediation |
| <input type="checkbox"/> Tank Installation / Removal | <input type="checkbox"/> Other: _____ |

Potential H&S Risk	No	Yes*	*Explain / Control
Does the project/process/product change require use of new materials or changes in the present materials used? If yes, complete the Raw Material Review .	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require electrical work?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require lockout?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require hot work?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require elevated work?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require mobile equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require lifting / rigging?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require access to high hazard areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Aspects	No	Yes*	*Explain / Control
Will this project alter or add to current facility environmental aspects / impacts?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project produce or modify current air emissions?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require the use or purchase of hazardous air pollutants or other regulated substances?	<input type="checkbox"/>	<input type="checkbox"/>	

EH&S Checklist

Environmental Aspects	No	Yes*	*Explain / Control
Will this project result in a wastewater, sanitary or storm water discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project result in changes to water discharge or flow rates?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project cause land disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project involve any pits and/or trenches, which could store liquids that may impact groundwater if breached?	<input type="checkbox"/>	<input type="checkbox"/>	
Will storage tanks be installed / removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will tanks be installed to store hazardous waste or materials, petroleum products or propane?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project produce a waste or change existing waste streams?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project effect facility energy usage?	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Other Considerations	No	Yes*	*Explain / Control
Will this project impact the surrounding community (i.e., noise, odor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this project require modification to emergency response methods?	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Raw Material Review

For Project Manager			For EH&S Manager		
Material *attach MSDS	Major Use	Estimated Usage per Year	Regulated Substance	Requires Permit	Disposal Plan Needed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential EH&S Concerns

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_____/_____
Project Initiator/Date

_____/_____
H&S Manager/Date

_____/_____
Environmental Manager/Date