

CRITICAL CONTROLS ENGAGEMENT– HAND and FINGER PROTECTION

Facility Name		Date	Day	Month	Year
Contractor		Crew Inspected			
Conducted by	<i>Date & Sign.</i>				
Conducted by	<i>Date & Sign.</i>				
Distribution	Contractor Representative		Safety Coordinator		
	Safety Retention Binder				
<ul style="list-style-type: none"> ➤ Interview worker(s) to ask the following <u>Open Questions</u> & rank responses. ➤ Desired answers on second page. 			0 = Below Expectations		RESPONSE RANKING
			1 = Meets Expectations		
			0.5 = Meets Some Expectations (use sparingly)		
1. Can you show me the energy/ hazards that could harm your hands/fingers and the controls to protect your hands for this task?					
VERIFICATION COMMENTS:					
2. Describe and show the dominant pinch/crush points, sharp edges, pointed tips, or tool handles with pinch points for the task?					
VERIFICATION COMMENTS:					
3. Explain the communication techniques when handing materials or tools while working with another worker(s)?					
VERIFICATION COMMENTS:					
4. Show how to safely perform exertion tasks without injury? e.g., positions & placement of hands/fingers (legs with skid hooks) when lifting, loading, unloading, heavy awkward objects or tools?					
VERIFICATION COMMENTS:					
5. Show the guards in place to prevent hand/finger contact with moving/rotating objects, hot surfaces, sharp edges or pointed tips?					
VERIFICATION COMMENTS:					
6. Describe the most likely and or severe hand/finger injury for your task? e.g. strain/sprain, crush/break, cut/amputation, burns etc.					
VERIFICATION COMMENTS:					
7. Describe if these are the right gloves for handling, gripping the tools, equipment or material used in the task?					
VERIFICATION COMMENTS:					
8. What are <u>you</u> going to do to prevent these types of hand injuries from happening to <u>you or anyone</u> else on this job?					
VERIFICATION COMMENTS:					
Assessment Summary Ranking = $\frac{\text{Response Ranking Total ()}}{\text{Number of Applicable Questions ()}} \times 100$					%
Supervisor Improvement Action Plan					
Supervisor informed of any improvement opportunities and agreement established to address improvements.					
Supervisor name:		Signature:		Date:	
Assessment follow-up date:					
Additional Comments, Commendations or Items of Concern					

Desired Responses to Interview Questions	
1. Can you show me the energy/ hazards that could harm your hands/fingers and the controls to protect your hands for this task?	
Listen and look for: Clear and full understanding of the task being performed, the level of risk tolerance the worker(s) have with the task and level of controls being used; other?	
2. Describe and show the dominant pinch/crush points, sharp edges, pointed tips, or tool handles with pinch points for the task?	
Listen and watch for: Obvious and overlooked pinch/crush points the hands may be placed in hoisting/lifting loads, hammering or placing skids for cribbing; rotating cutting tools or sharp edge materials; other?	
3. Explain the communication techniques when handing materials or tools while working with another worker(s)?	
Listen for: Methods of verbal, tactile or visual communications between workers to ensure the receiving worker is ready to take the material or tool; coordination and communication when working to maneuver or lift together; other?	
4. Show how to safely perform exertion tasks without injury? e.g., positions & placement of hands/fingers when lifting, loading, unloading, heavy awkward objects or tools?	
Listen and watch for: Using proper tools and or tool-holder, hand placement when striking with hammer/skid hook; direction of pulling or pushing tools like wrenches or pry-bars, where the energy will be released if the tool slips/release; other?	
5. Show the guards in place to prevent hand/finger contact with moving/rotating objects, hot surfaces or sharp edges?	
Listen and watch for: Equipment or tools that rotate/reciprocate have any movement, high heat surfaces; objects with sharp edges, other?	
6. Describe the most likely and or severe hand/finger injury for your task? e.g. strain/sprain, crush/break, cut/amputation, burns etc.	
Listen for: Hand placement locations where strains/sprains from over extension/repetition, crushes/breaks/cuts/amputation caused by pinch/crush points, burns etc. could occur, other?	
7. Describe if these are the right gloves for handling, gripping the tools, equipment or material used in the task?	
Listen for: Ability to safely and effectively perform the task with gloves on; other?	
8. What are <u>you</u> going to do to prevent these types of hand injuries from happening to <u>you or anyone</u> else on this job?	
Listen for verbal commitment to the following: Stopping work and intervening when unsafe behaviours/conditions are identified; asking questions when unclear; following the plan established from the hazard assessment; other?	
Comments for Improvement of this Work Practice Evaluations	