



**Savannah River**  
Nuclear Solutions, LLC  
A Fluor Daniel Partnership<sub>SM</sub>

# **START SMART – Worker Engagement At the Beginning of the Shift or Task**

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**Bobby Hill**

**SRNS Paint Craft General Foreman**  
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# Presenter Biography – Bobby Hill

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- **Paint Craft General Foreman for 13 years.**
- **32 Years in the Paint Trade.**
- **Native of Aiken, South Carolina.**
- **School – Aiken High School, USC Aiken and Aiken Tech**
- **Family – Wife Debbie, 2 Daughters (Tiffany and Brittany) and 2 sons (Jamie and Chad.)**
- **Hobbies – Golf and Exercise.**
- **Die-hard fan of the South Carolina Gamecocks.**



# Introduction

## Safe Performance Starts At The Beginning

- **Integrated Safety Management is about making safe performance the desired outcome of every task.**
- **A formal Hazards Analysis is conducted during the early planning stages.**
- **START SMART is an additional informal process at the work location designed to elicit Craft input and feedback**





# History of the START SMART Card

DuPont, Bechtel, SRNS

- **DuPont - STA (Safety Task Assignment)**
- **Bechtel Savannah River, Inc. - STARRT, or Safety Task Analysis and Risk Reduction Talk.**
- **Savannah River Nuclear Solutions (SRNS) - Start Smart.**



# START SMART Card

Review and discuss the job scope and key work steps with work crew. **Perform Jobsite Review Checklist.** Identify all potential hazards and necessary safeguards.

## Potential Worker Hazards

### Worker Hazards 8Q-12

	Yes	No
<b>MRP 4.03 and CMP 11-1.1</b>		
Laceration / Puncture	<input type="checkbox"/>	<input type="checkbox"/>
Line of Fire	<input type="checkbox"/>	<input type="checkbox"/>
Pinch Points / Crushing	<input type="checkbox"/>	<input type="checkbox"/>
Manual / Heavy Lifting	<input type="checkbox"/>	<input type="checkbox"/>
Foot / Toe Crushing	<input type="checkbox"/>	<input type="checkbox"/>
Slipping / Tripping	<input type="checkbox"/>	<input type="checkbox"/>
Fall Potential	<input type="checkbox"/>	<input type="checkbox"/>
Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>
Harmful Dust / Vapor	<input type="checkbox"/>	<input type="checkbox"/>
Flying Debris / Particles	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noise Sources	<input type="checkbox"/>	<input type="checkbox"/>
Thermal Burns	<input type="checkbox"/>	<input type="checkbox"/>
Electrical / Static Shock	<input type="checkbox"/>	<input type="checkbox"/>
Heat / Cold Stress	<input type="checkbox"/>	<input type="checkbox"/>
<b>Remote Worker MRP 4.03</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check Weather via SHRINE</b>	<input type="checkbox"/>	<input type="checkbox"/>

Review and discuss the general safety requirements and controls that are required to perform work safely

## General Safety Requirements

### Hazardous Energy

8Q-32,36,10 and 18Q	Yes	No
Locked & Tagged	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Isolated	<input type="checkbox"/>	<input type="checkbox"/>
System Depressurized	<input type="checkbox"/>	<input type="checkbox"/>
Blinds Installed	<input type="checkbox"/>	<input type="checkbox"/>

### Hazardous Energy (cont.)

	Yes	No
Line Break	<input type="checkbox"/>	<input type="checkbox"/>
Vented	<input type="checkbox"/>	<input type="checkbox"/>
Standby / Buddy Required	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overhead Line Hazards (Elect. / Piping etc)</b>	<input type="checkbox"/>	<input type="checkbox"/>

### Hazardous Material

See procedures 3Q,2Q,5Q

	Yes	No
Harmful Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Combustibles	<input type="checkbox"/>	<input type="checkbox"/>
Flammables	<input type="checkbox"/>	<input type="checkbox"/>
Paints / Solvents	<input type="checkbox"/>	<input type="checkbox"/>
Glove Bag / Leak Collection	<input type="checkbox"/>	<input type="checkbox"/>

### Elevated Work

See 8Q- 16, 61, 63

	Yes	No
Ladder	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Lift or Platform	<input type="checkbox"/>	<input type="checkbox"/>
Full Body Harness	<input type="checkbox"/>	<input type="checkbox"/>
Lifeline	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails	<input type="checkbox"/>	<input type="checkbox"/>
Barricades	<input type="checkbox"/>	<input type="checkbox"/>
CAZ / Safety Monitor	<input type="checkbox"/>	<input type="checkbox"/>

### Excavations / Penetrations

See 8Q-34

	Yes	No
Completed Checklist (OSR Form)	<input type="checkbox"/>	<input type="checkbox"/>
Interference Map / Drawing	<input type="checkbox"/>	<input type="checkbox"/>
Shored / Sloped	<input type="checkbox"/>	<input type="checkbox"/>
Proper Access ( $\leq 25$ feet)	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Testing Required	<input type="checkbox"/>	<input type="checkbox"/>

### Welding / Cutting See Site procedures Y12,Y16,2Q

	Yes	No
UV Flash Shields	<input type="checkbox"/>	<input type="checkbox"/>
Proper Grounds Installed	<input type="checkbox"/>	<input type="checkbox"/>
Combustibles Removed	<input type="checkbox"/>	<input type="checkbox"/>
Fire Blanket / Insulation	<input type="checkbox"/>	<input type="checkbox"/>
Sparks / Slag Contained	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
Fire Watch	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work Permit	<input type="checkbox"/>	<input type="checkbox"/>

### Equipment / Tools

See 8Q-10,103 and CMP 2-01.14

**Equipment – See Haz. Energy for Ovrhd. Line Hazard**

	Yes	No
Crane/Excavator/Backhoe	<input type="checkbox"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>
JLG / Scissors Lift	<input type="checkbox"/>	<input type="checkbox"/>
Man Basket	<input type="checkbox"/>	<input type="checkbox"/>
Rigging Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Dump Truck	<input type="checkbox"/>	<input type="checkbox"/>
Other Type of Equipment:		

### Tools See 8Q-117

	Yes	No
GFCI	<input type="checkbox"/>	<input type="checkbox"/>
Drill Stop	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Grounding	<input type="checkbox"/>	<input type="checkbox"/>
Power Tools	<input type="checkbox"/>	<input type="checkbox"/>
Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>
Proper Guards	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer Instructions	<input type="checkbox"/>	<input type="checkbox"/>
Special Training	<input type="checkbox"/>	<input type="checkbox"/>
Grounding	<input type="checkbox"/>	<input type="checkbox"/>



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# Start Smart Card Explained

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- **Vital Information (Area Superintendent, Supervisor, Job Scope Description, Key Steps of Work.)**
- **Potential Worker Hazards (ISM - Analyze the Hazards)**
- **General Safety Requirements (ISM – Hazard Controls)**
- **Equipment / Tools**
- **Personal Protective Equipment**
- **Special Permits**
- **Employee Feedback and Comments**
- **Employee Names / Initials**

# START SMART Jobsite Review Checklist

## "Start Smart" Jobsite Review Checklist

Revision Date: 7/29/2009

Work Order / Task Number \_\_\_\_\_

Jobsite Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Jobsite Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Jobsite Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

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Jobsite Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Jobsite Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Conduct a thorough review of the work area and surrounding environment prior to completing the following section.

**Note:** During the review consider the indirect and support type of work in addition to the main scope/task.

Examples include material handling/staging, job set up, temp containment, construction ventilation, survey/layout, temp power/lighting, temp rigging/tie-off, ladders, scaffolding, manlifts, housekeeping, clean up, etc.

Based on the work to be performed and review of the work area, determine if any of the following facility equipment/systems or situations exist in the surrounding environment. For each "Yes" response ensure that the issue or situation has been addressed and communicated to all workers prior to commencing with work activities.

Air or ventilation system intake or exhaust vent that could be blocked.	Yes	No
Air or ventilation system intake that could be affected by introduction of exhaust fumes from temporary construction equipment.	Yes	No
Facility equipment or personnel could be affected by introduction of exhaust fumes, dust, or debris from construction work activities.	Yes	No
Facility equipment or personnel could be affected by introduction of off gas fumes from construction work activities involving paints and/or chemicals.	Yes	No
Laser type fire detection system that could be activated inadvertently.	Yes	No
Smoke detector type of fire alarm that could be activated inadvertently.	Yes	No
Facility monitoring systems that could be activated inadvertently (i.e. NIMs, Security Alarms, Radiological Detectors, Air Monitors, etc.).	Yes	No
Electrical switches (electrical eqpt, fans, control panels, etc.) that could be tripped inadvertently.	Yes	No
Eyewash stations or safety showers that could be activated inadvertently.	Yes	No
Instruments or equipment that could be damaged during hot work (welding, grinding, torch cutting, etc.).	Yes	No
Control room alarms that could be inadvertently activated during electrical hot work.	Yes	No
Inadequate work access that could lead to standing on permanent plant equipment to perform work.	Yes	No
Inadequate rigging or tie-off points that could lead to rigging or tie-off from permanent plant equipment.	Yes	No
Congested work area that could lead to damage of equipment while climbing ladder or scaffold to access the work area.	Yes	No
Congested work area that could lead to damage of equipment while erecting ladder or scaffold.	Yes	No
Congested work area that could lead to damage of equipment from vehicle, crane, or forklift access or egress.	Yes	No
Equipment adjacent to D&R activities that could be damaged inadvertently.	Yes	No
Equipment adjacent to or within excavation area that could be damaged inadvertently.	Yes	No
Process system access (aka Line Break) that could result in an inadvertent liquid waste spill.	Yes	No
Overhead electrical or piping lines that could be contacted or damaged inadvertently.	Yes	No
Normal access or egress paths that could be narrowed or blocked.	Yes	No

# START SMART Job Site Review Checklist

- **Background**
- **When to Use**
  - During the work package planning walkdown
  - Upon arriving at the physical work location
  - Prior to interaction with facility equipment
  - During the field walkdown of a work package
  - After extended breaks or interruptions (lunch, shift change, weekend, etc.)
- **START SMART Practices**
  - Explore the job site
  - Talk with the supervisor, field engineer, and/or facility personnel
  - Eliminate, mitigate or minimize hazards

# **START SMART Job Site Review Checklist** (continued)

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## **At-Risk Practices To Avoid**

- **Hurrying, not taking the time to look around the job site**
- **Thinking that “routine” or “simple” means “no risk**
- **Believing nothing bad can happen**
- **Not talking about hazards or precautions with coworkers**
- **Not talking about “gut feelings”**
- **Not asking questions when unsure**



## Summary

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- **START SMART is a way to engage Craft workers at the face of the work where tasks and hazards are more easily identifiable and understood. This promotes ownership in the safety program by all Craft workers.**
- **START SMART helps ensure compliance with site safety policies and procedures, thereby reducing the likelihood of incidents and injuries.**