

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Task: \_\_\_\_\_

**1. Think** through the Task- Have a clear plan in mind. (From Start to Finish)

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- ✓ What has to be done to complete the task(s)?
- ✓ What permits are required for this task? (Hot work, Start Work, Confined Space etc.)
- ✓ What tools & equipment are required? What PPE is needed?
- ✓ Which area Personnel needs to be notified?

**2. Look** for the exposures – How and where the work is done

Check below the main categories of hazards/ energies that might harm me

- |                                    |                          |                               |                          |                                     |                          |                       |                          |
|------------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|--------------------------|
| <b>1. Vehicles/ Transportation</b> | <input type="checkbox"/> | <b>5. Energy Sources</b>      | <input type="checkbox"/> | <b>9. Sound/ Vibration</b>          | <input type="checkbox"/> | <b>13. Other.....</b> | <input type="checkbox"/> |
| <b>2. Gravity</b>                  | <input type="checkbox"/> | <b>6. Pressure</b>            | <input type="checkbox"/> | <b>10. Substances</b>               | <input type="checkbox"/> |                       |                          |
| <b>3. Electrical / Magnetic</b>    | <input type="checkbox"/> | <b>7. Personal / Behavior</b> | <input type="checkbox"/> | <b>11. Thermal/ Fire/ Explosion</b> | <input type="checkbox"/> |                       |                          |
| <b>4. Ergonomics</b>               | <input type="checkbox"/> | <b>8. Radiation</b>           | <input type="checkbox"/> | <b>12. Work Environment</b>         | <input type="checkbox"/> |                       |                          |

- ✓ Check your work area
- ✓ Check equipment, tools, and PPE
- ✓ Check energies and unplanned contact with exposed live parts
- ✓ Check above and below for potential hazards eg. Falling objects, slip/ trip hazards, pinch points, etc....



Have you identified any fatal risk on this task? (Confined Space, Working at heights, etc.)

*If yes, you must complete a CCC for each critical control before that step in the task*

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Process Safety – Have process hazards been mitigated or controlled?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have I informed others who may be affected by my work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do I have the appropriate tools/equipment to perform the task, and did I complete a tool/equipment safety inspection before use?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a chance for an environmental spill?


<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Am I or is someone else exposed to the “line of fire”?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there adverse weather conditions that could impact me or others?


**3. Assess** the Risk - What could happen if the hazards identified in Step 2 are not controlled?

No. of Hazard	Risk of the Hazard: How will I be injured by the hazards that I have recognized?
	Have I identified a hand or finger hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No

- ✓ Could an injury or accident be avoided?
- ✓ What equipment/systems could be damaged?
- ✓ What are the likelihood and consequences?

**4. Take** Precautions – Remove or control the hazards to lower the risk.

- a. Elimination (design change, different method, etc.)
- b. Substitution (using less hazardous alternative)
- c. Engineering Control (guards, barriers, alarms, etc.)
- d. Administrative Control (policies, crew schedules, training, SOP's, etc.)
- e. Personal Protective Equipment (PPE)

No. of Hazard	All risk recognized must be controlled	Specify control type
Controls		
	What are the controls for hand or finger hazards?	

**5. Do the Job Safely** – Watch for changing conditions and exposure.

Can this job be done safely? YES   NO

**If work scope, people, equipment, or environmental (e.g. weather) change, STOP and TAKE 5. Monitor safety controls for effectiveness and look after yourself and others.**

