|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description of assignment and location: | | | | | | |
| Contractor company: | |  | Date of inspection: |  | |
| Executing company: | |  | Executing resp. pers.: |  | |
| Do any of the items on the checklist involve risks where actions must be implemented? | | | | | | |
| **Item:** | Describe actions to be taken to achieve a satisfactory risk level | | | | **Responsible** | |
|  |  | | | |  | |
|  |  | | | |  | |
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|  |  | | | |  | |
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|  |  | | | |  | |
| If there are additional risks where actions must be taken, please attach a separate sheet | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the work operation include hot work or risk of explosion? | | | | **Yes** **No** |
| Does operator have certificate for hot work? | **Yes** | **No** | Adequate fire extinguishers?**Yes No** | |
| Is it necessary to disable fire and extinguishing system? | **Yes** | **No** | Name resp. pers.: | |
| Is hot work permit required? | **Yes** | **No** | Name resp. pers.: | |
| Is additional fireguard necessary? | **Yes** | **No** | Name resp. pers.: | |
| Is gas metering necessary in the area? | **Yes** | **No** | Name resp. pers.: | |
| Is ventilation of piping necessary? | **Yes** | **No** | Name resp. pers.: | |
| Other actions related to hot work? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the work require use of fall protection? If , check common procedure in MIP “Working in heights” | | | | |
| Procedure section 5.2.2, other work that must be taken into consideration? | |  | | |
| Procedure section 5.3, the names of emergency crew? | |  | | |
| Procedure section 5.4, the name of safety guard? | |  | | |
| Procedure section 5.5, PPE for working in heights? | |  | | |
| Rescue plan according to procedure Section 5.2.8 |  | | | |
|  | | | | |
| Personal protective equipment (PPE) to be used during work operation: |  | | | |
| Residual Risk: | **High**  **Medium**  **Low** | | Number of attachments to SJA: |  |

|  |  |
| --- | --- |
| Personnel participating in work operation (signature of all - read and understood :) | |
| Responsible for completion of SJA |  |
| Name (Contractor company representative) | Name (Executing company representative) |

|  |  |
| --- | --- |
|  |  |
| **Date/Sign.** | **Date/Sign.** |

# Safe job analysis

The purpose of this model is to establish a common practice for Safe Job Analysis (SJA) in Mo Industrial Park. The form may be used manually or digitally. The form is revised by Mo Industrial Park AS. Personnel responsible for carrying out SJA shall receive necessary training.  
SJA is a systematic and step by step review of all risk factors, in advance of a specific task or work operation. In this way, actions can be taken to eliminate or control the identified risk elements. For more complex work operations several SJA have to be performed. The checklist on page 2 may preferably be used during inspection.

**Implementation of SJA is based on the following step by step method:**

* Assessment of probability and consequence, rating of hazards.
* Actions to eliminate or control identified hazards.
* Residual risk is assessed and accepted.
* Personnel who are affected by the work is involved and will lead to improved

communication and information.

* Safety delegates and relevant expertise are involved in the analysis when needed.
* Previous relevant experience is used.
* The result of the SJA is documented, including necessary actions, responsibilities and participants
* A new review of the SJA is performed when new personnel is involved
* All personnel involved in the work shall be familiar with the performed SJA and sign the form

**Both Contractor and Executing companies should have signed copy. Filing of SJA may vary, but shall be available during an inspection or audit.**

# Checklist for Safe Job Analysis  (The list is not complete, but a minimum of the factors to be mapped and analyzed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | Checkpoints | **Yes** | **No** |
| **1** | Is the work operation unknown to the personnel? |  |  |
| **2** | Is weather a security risk? |  |  |
| **3** | May the work lead to reduced safety steps? (disconnected water, blocked escape routes, disconnected alarm systems, removed fire walls etc) |  |  |
| **4** | Is additional light necessary? |  |  |
| **5** | Is additional ventilation necessary? |  |  |
| **6** | Heavy lifting? Is lifting equipment necessary? |  |  |
| **7** | Are there risk of clamp/crushing injuries? |  |  |
| **8** | Is the work close to any mobile equipment/ devices? |  |  |
| **9** | Is there a need to switch off (" work permit") surrounding machinery? |  |  |
| **10** | Are disconnection /grounding of conductive wires or similar necessary? |  |  |
| **11** | Are warning signs/ barriers necessary? |  |  |
| **12** | Is nearby traffic (people / cranes / heavy vehicles) a safety risk? |  |  |
| **13** | Melted slag /metal in the area? |  |  |
| **14** | Are coordination with other work operations in the area required? |  |  |
| **15** | Are there any special requirements for training connected to use of equipment / machinery? |  |  |
| **16** | Does the work involve risk to the environment? |  |  |
| **17** | Is a waste management plan required? |  |  |
| **18** | Is covering above working area necessary? Falling objects? |  |  |
| **19** | Does the work include abnormal exposure to dust, noise or chemicals? |  |  |
| **20** | Is the work to be performed above 2 m height off the ground? |  |  |
| **21** | Do construction materials contain dangerous substances? (Asbestos, PCB etc) |  |  |
| **22** | Is testing during /after installation required? New SJA for test operation is necessary. |  |  |
| **23** | Is a work permit a general requirement to any work in the area /company? Contact Contractor’s representative. |  |  |

Øverst i skjemaet

Skriv inn en tekst eller en nettadresse, eller [oversett et dokument.](http://translate.google.com/?tr=f&hl=no)

