AZz

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel/ Location Name:** | |  | | | | Date : | |
| **Description of work:** | |  | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Consider if the proposed task involves any of the following elements | | | | | | Mark **“X”** in the relevant box for each element identified. | | | | | |  | Manual handling |  | Temperature extremes |  | Limited access routes | |  | Mooring/unmooring |  | Engine Room Maintenance | |  | Lifting equipment |  | Working at heights |  | Electric current | |  | New personnel |  | Diving Operation | |  | Pressure |  | Working over the side |  | Handling equip’t | |  | Obstructions |  |  | |  | Hazardous substances |  | Adverse weather |  | Elevated objects | |  | Power tools |  |  | |  | Vessel entry |  | Temporary equipment |  | Adjacent areas | |  | Hand tools |  |  | |  | Confined space |  | Excessive noise |  | Equipment failure | |  | Welding or cutting |  |  | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Consider what hazards may be involved for every element X in the above list.** | | | | | | **Put a X in the relevant box for each potential hazard.** | | | |  | Slips and Trips |  | Striking against object |  | Contacting temperature extremes | |  | Source of ignition | |  | Falls |  | Exposure to toxic fumes |  | contacting electrical current | |  | Communication problems | |  | Lack of Oxygen |  | Inadequate illumination |  | Contacting corrosives | |  | HSE impact on 3rd parties | |  | Environmental Effects |  | Get caught between objects |  | Inhaling Hazardous Substances | |  |  | |  | Welding flash |  | Exposure to noise |  | Absorbing hazardous substances | |  |  | |  | Explosion |  | Fire |  | Struck by objects or high pressure air/liquid | |  |  | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Consider what measures are required for each item X in the above list.** | | | | | | **Put a X in the relevant box beside each control measures required.** | | | | | |  | Safety belt/harness |  | Safety shoes |  | Respirators | |  | Good housekeeping |  | Fire resistant blanket | |  | Barriers |  | Goggles |  | Lightings | |  | Radios |  |  | |  | Warning lights |  | Safety helmet |  | Welders gloves | |  | Life vests |  |  | |  | Stand by watch |  | Ear protection |  | Welders goggles | |  | Life buoy |  |  | |  | Tag lines |  | Cover all |  | Welders face mask | |  | Isolations / LOTO |  |  | |  | Gas monitor |  | Safety gloves |  | Welders apron | |  | “Work around” |  |  | |  | PTW |  | Barrier cream |  | Extra ventilation | |  | Fire extinguisher |  |  | |  | Legal register check |  | Oil spill measures |  | Lifting gear inspec’n | |  | Insp’n of Equipment |  |  | |  | BA Set |  | Barricading |  | LOTO | |  | Supervision |  |  | | | | | | | | |
| **List any valid control measures not covered here** | | | | | | | |
| **Sl No** | **Name & Designation** | | **Signature** | **Sl No** | **Name & Designation** | | **Signature** |
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|  |  | |  |  |  | |  |
| Prepared By (Name and Signature ) and vessel stamp | | |  | | | | |