

E&PS LOSS PREVENTION OBSERVATION (LPO) FORM



1. FACILITY/PROJECT SITE NAME:		2. CITY/STATE/COUNTRY:		3. OBSERVATION DATE (MM/DD/YY):		4. OBSERVATION TIME: 1. <input type="checkbox"/> AM 2. <input type="checkbox"/> PM		5. CLASSIFICATION: 1. <input type="checkbox"/> Peer to Peer 2. <input type="checkbox"/> Supervisor to Job Expert					
1. OBSERVER'S NAME:		2. OBSERVER'S TITLE :		3. OBSERVER'S COMPANY:		4. OBSERVEE'S TITLE:		5. OBSERVEE'S COMPANY:					
REGION: <input type="checkbox"/> 1. Africa <input type="checkbox"/> 2. Americas South <input checked="" type="checkbox"/> 3. Asia <input type="checkbox"/> 4. Canada <input type="checkbox"/> 5. Europe <input type="checkbox"/> 6. Middle East <input type="checkbox"/> 7. United States													
RESPONSIBLE DEPARTMENT/DIVISION (for LPO Observee):													
Property Solutions: <input type="checkbox"/> 1. PS-Facilities-Site <input type="checkbox"/> 2. PS-Projects		Environmental Solutions: <input type="checkbox"/> 1. ES-Commercial <input type="checkbox"/> 2. ES-RAM <input type="checkbox"/> 3. ES-Projects		<input type="checkbox"/> 1. US East <input type="checkbox"/> 2. US West / Americas South <input type="checkbox"/> 3. IOL Upstream <input type="checkbox"/> 4. IOL Downstream		<input type="checkbox"/> 5. UK/NOR/CYP/EGY <input type="checkbox"/> 6. Benelux/FR/IT/GER <input type="checkbox"/> 7. AP North <input type="checkbox"/> 8. AP South		E&PS: <input type="checkbox"/> 1. GSC SSHE <input type="checkbox"/> 2. Global S&S <input type="checkbox"/> 3. E&PS Admin/Others					
Task Observed (primary job associated with activity observed, avoid "Other" if possible)													
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> 1. <input type="checkbox"/> Asbestos/Lead Work 2. <input type="checkbox"/> Carpentry/Woodwork 3. <input type="checkbox"/> Ceiling Installation 4. <input type="checkbox"/> Cleaning/Housekeeping 5. <input checked="" type="checkbox"/> Construction/Installation 6. <input type="checkbox"/> Crane Operations/Rigging/Lifting 7. <input type="checkbox"/> Demolition/Removal 8. <input type="checkbox"/> Drilling/Workover/Workline 9. <input type="checkbox"/> Earthmoving/Excavation/Trenching </td> <td style="width: 25%; vertical-align: top;"> 10. <input type="checkbox"/> Electrical Repair/Maintenance 11. <input type="checkbox"/> Energy Isolation/Control 12. <input type="checkbox"/> Flooring Installation 13. <input type="checkbox"/> Food Preparation / Handling 14. <input type="checkbox"/> Gauging/Sampling 15. <input type="checkbox"/> HVAC 16. <input type="checkbox"/> Inspection 17. <input type="checkbox"/> Loading/Unloading 18. <input type="checkbox"/> Masonry/Concrete/Paving </td> <td style="width: 25%; vertical-align: top;"> 19. <input type="checkbox"/> Mobile Rem/Vac Event 20. <input type="checkbox"/> Office Work 21. <input type="checkbox"/> O&M (Remediation System) 22. <input type="checkbox"/> Painting/Coating/Insulation 23. <input type="checkbox"/> Plumbing/Piping 24. <input type="checkbox"/> Repair/Maint.-Mech-Sched/Routine 25. <input type="checkbox"/> Scaffolding Erecting/Dismantling </td> <td style="width: 25%; vertical-align: top;"> 26. <input type="checkbox"/> Security 27. <input type="checkbox"/> Shipping / Receiving 28. <input type="checkbox"/> Subsurface Clearance 29. <input type="checkbox"/> Surveying 30. <input type="checkbox"/> Transportation-Equip/Mat/Supplies 31. <input type="checkbox"/> Vegetation Control – Landscaping 32. <input type="checkbox"/> Wall Installation 33. <input type="checkbox"/> Other (Specify): </td> </tr> </table>										1. <input type="checkbox"/> Asbestos/Lead Work 2. <input type="checkbox"/> Carpentry/Woodwork 3. <input type="checkbox"/> Ceiling Installation 4. <input type="checkbox"/> Cleaning/Housekeeping 5. <input checked="" type="checkbox"/> Construction/Installation 6. <input type="checkbox"/> Crane Operations/Rigging/Lifting 7. <input type="checkbox"/> Demolition/Removal 8. <input type="checkbox"/> Drilling/Workover/Workline 9. <input type="checkbox"/> Earthmoving/Excavation/Trenching	10. <input type="checkbox"/> Electrical Repair/Maintenance 11. <input type="checkbox"/> Energy Isolation/Control 12. <input type="checkbox"/> Flooring Installation 13. <input type="checkbox"/> Food Preparation / Handling 14. <input type="checkbox"/> Gauging/Sampling 15. <input type="checkbox"/> HVAC 16. <input type="checkbox"/> Inspection 17. <input type="checkbox"/> Loading/Unloading 18. <input type="checkbox"/> Masonry/Concrete/Paving	19. <input type="checkbox"/> Mobile Rem/Vac Event 20. <input type="checkbox"/> Office Work 21. <input type="checkbox"/> O&M (Remediation System) 22. <input type="checkbox"/> Painting/Coating/Insulation 23. <input type="checkbox"/> Plumbing/Piping 24. <input type="checkbox"/> Repair/Maint.-Mech-Sched/Routine 25. <input type="checkbox"/> Scaffolding Erecting/Dismantling	26. <input type="checkbox"/> Security 27. <input type="checkbox"/> Shipping / Receiving 28. <input type="checkbox"/> Subsurface Clearance 29. <input type="checkbox"/> Surveying 30. <input type="checkbox"/> Transportation-Equip/Mat/Supplies 31. <input type="checkbox"/> Vegetation Control – Landscaping 32. <input type="checkbox"/> Wall Installation 33. <input type="checkbox"/> Other (Specify):
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Associated High Risk Work (LSA activity) categories:													
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Brief Description of Task Observed and Work Area Conditions (e.g., weather, traffic, confining, etc.) (Why was this task chosen as a target area?)													
Positive Comments													
(provide five or six specific examples of the most significant correct behaviors/conditions observed)													
Feedback Session													
(facilitated by the direct supervisor at the work location on the same day as the LPO)													
1. Feedback Session Conducted By:			2. Observee's Supervisor:			3. Feedback Session Date (MM/DD/YYYY):		4. Feedback Session Time (hour : minute, AM or PM):					
Solution(s) Developed with FRCS													
Complete and attach FRCS form and answer all 7 factor questions. If answering NO to Factors 1 – 4 identify root cause(s) and explain why QI(s) occurred. If answering YES to Factors 5 – 7 circle the root cause(s). Transfer the solutions guidance that addresses each root cause from the FRCS form to this form.													
1. CHECKLIST LINE #	2. FACTOR #	3. SOLUTION(S) (must match Factor)	4. PERSON RESPONSIBLE	5. Target Completion Date (MM/DD/YYYY)	6. Actual Completion Date (MM/DD/YYYY)	7. V&V Date (MM/DD/YYYY)							
8. Supervisor Quality Check:			9. Title/ Company:				10. Date:						
V&V Comments (Verification: Have solutions been implemented? Validation: Have solutions been effective?) (describe how the solution was verified and validated at the workplace/verification and validation of tool solutions takes place at the same time)													
1. V&V #	2. Job Title	3. Comments											

E&PS
LOSS PREVENTION OBSERVATION (LPO) FORM



PERSONAL PROTECTIVE EQUIPMENT (IMPACT # in parenthesis)	CORRECT (Write number of times line item observed as performed/addressed in accordance with safe work standards)	QUESTIONABLE	COMMENTS (Write comments for all Questionable Items, significant Correct actions and "Other")
1. (00101) Hearing protection (e.g., ear plugs, ear muffs)			
2. (00102) Head protection (e.g., hard hat)			
3. (00103) Eye/face protection (e.g., safety glasses, face shield)			
4. (00104) Hand protection			
5. (00105) Foot protection			
6. (00106) Protective clothing			
7. (00107) Respiratory protection			
8. (00108) Fall protection (e.g., full body harness/lanyard/lifeline)			
9. (00114) Other; Specify:			
BODY USE & POSITIONING	CORRECT	QUESTIONABLE	COMMENTS
10. (00201) Correct body use and positioning			
11. (00202) Line of fire - correct positioning			
12. (00203) Pinching/scraping point - sharp objects			
13. (00204) Ascending/descending (e.g., ladder, stool)			
14. (00205) Walking			
15. (00206) Excessive effort/overexertion			
16. (00215) Other; Specify:			
WORK ENVIRONMENT	CORRECT	QUESTIONABLE	COMMENTS
17. (00301) Work/walk surface free of obstructions			
18. (00306) Housekeeping/storage			
19. (00307) Warning devices (e.g., barricades, cones, barriers)			
20. (00308) Fire extinguisher/fire sprinkler			
21. (00311) Safety Shutdown Devices			
22. (00312) Safe working area			
23. (00319) Uneven/slick walking surface			
24. (00320) Adequate lighting			
25. (00322) Tipping hazard (e.g., book case, file cabinet)			
26. (00323) Potential falling objects			
27. (00327) Other; Specify:			
OPERATING PROCEDURES- GENERAL	CORRECT	QUESTIONABLE	COMMENTS
28. (00401) LPSA/job planning/pre-job inspection			
29. (00408) Identification/labeling/tagging			
30. (00409) Work permit/authorization to work			
31. (00414) JLA/procedures followed			
32. (00420) Interfaces with other functions			
33. (00421) Secure/clean area when complete			
34. (00426) Operate forklift/motorized vehicle			
35. (00453) Container not labeled or stored			
36. (00454) Subsurface structures identified			
37. (00816) Follows site traffic procedures			
38. (00456) Other; Specify:			
TOOLS/EQUIPMENT	CORRECT	QUESTIONABLE	COMMENTS
39. (01501) Scaffolding			
40. (01502) Portable ladders (e.g., electrical duty, size, anchoring)			
41. (01505) Hand tool selection, condition and use			
42. (01506) Power tool selection, condition and use			
43. (01507) Equipment selection, condition and use			
44. (01556) Electrical cables/connections/grounding			
45. (01555) Other; Specify:			
ENVIRONMENTAL PROCEDURES	CORRECT	QUESTIONABLE	COMMENTS
46. (01701) Proper storage/disposal of sample or waste materials			
47. (01703) Precautions taken to avoid environmental damage			
48. (01707) Other; Specify:			
TOTAL			% CORRECT/SAFE : $\frac{[(\text{TOTAL CORRECT} \div (\text{TOTAL CORRECT} + \text{TOTAL QUESTIONABLE}) \times 100)]}{}$