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| **1. FACILITY/PROJECT SITE NAME:** | | | | | | | | **2.CITY/STATE/COUNTRY:** | | | | | | | **3.OBSERVATION DATE** (MM/DD/YY)**:** | | | | | **4.OBSERVATION TIME:** | | | | | | | | **5.CLASSIFICATION:** | | | |
|  | | | | | | | |  | | | | | | |  | | | | |  | | 1.AM  2.PM | | | | | | 1. Peer to Peer  2. 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:**  1. Africa  2. Americas South  3. Asia  4. Canada  5. Europe  6. Middle East  7. United States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESPONSIBLE DEPARTMENT/DIVISION** (for LPO Observee): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Solutions:  1. PS-Facilities-Site  2. PS-Projects | | | | | | Environmental Solutions:  1. ES-Commercial  2. ES-RAM  3. ES-Projects | | | | | 1. US East  2. US West / Americas South  3. IOL Upstream  4. IOL Downstream | | | | | | 5. UK/NOR/CYP/EGY  6. Benelux/FR/IT/GER  7. AP North  8. AP South | | | | | | E&PS:  1. GSC SSHE  2. Global S&S  3. E&PS Admin/Others | | | | | | | | |
| **Task Observed** (primary job associated with activity observed, avoid “Other” if possible) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Asbestos/Lead Work 2. Carpentry/Woodwork 3. Ceiling Installation 4. Cleaning/Housekeeping 5. Construction/Installation 6. Crane Operations/Rigging/Lifting 7. Demolition/Removal 8. Drilling/Workover/Workline 9. Earthmoving/Excavation/Trenching | | | | | | | 1. Electrical Repair/Maintenance 2. Energy Isolation/Control 3. Flooring Installation 4. Food Preparation / Handling 5. Gauging/Sampling 6. HVAC 7. Inspection 8. Loading/Unloading 9. Masonry/Concrete/Paving | | | | | | 1. Mobile Rem/Vac Event 2. Office Work 3. O&M (Remediation System) 4. Painting/Coating/Insulation 5. Plumbing/Piping 6. Repair/Maint.-Mech-Sched/Routine 7. Scaffolding Erecting/Dismantling | | | | | | | | 1. Security 2. Shipping / Receiving 3. Subsurface Clearance 4. Surveying 5. Transportation-Equip/Matl/Supplies 6. Vegetation Control – Landscaping 7. Wall Installation 8. Other (Specify): | | | | | | | | | | |
| **Associated High Risk Work (LSA activity) categories:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | 1. Working at Height | 1. Excavation | 1. Confined Space | | 1. Working Near Moving Equipment | 1. Energy Isolation | 1. Defeat of Critical Safety Devices | | 1. Lifting and Rigging | 1. Hot Work | 1. Does not apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief Description of Task Observed and Work Area Conditions** (e.g., weather, traffic, confining, etc.)  **(Why was this task chosen as a target area?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Erected scaffolding with defective materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Positive Comments**  (provide five or six specific examples of the most significant correct behaviors/conditions observed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Valid and updated scaffold tag  2. Good foundation for base plate  3. Scaffolding erection according to regulations  4. Sufficient platform for access and egress  5. Good housekeeping on the platform | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Feedback Session**  (facilitated by the direct supervisor at the work location on the same day as the LPO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Feedback Session Conducted By:**  Jeffrey Kek | | | | | | | | | | **2. Observee’s Supervisor:**  Bala | | | | | | | | | **3. Feedback Session Date** (MM/DD/YYYY):  11/08/2021 | | | | | | | | **4. Feedback Session Time** (hour : minute, AM or PM)**:**  10:55 AM | | | | |
| **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) |
| 39 | 6 | | Ensure to use compliance materials for scaffolding erection | | | | | | | | | | | | | Bala | | | | | | | | | 11/14/2021 | | | |  | |  |
|  |  | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | |  | |  |
| 8. Supervisor Quality Check: | | Jeffrey Kek | | | | | | | | | | 9. Title/ Company: | | SSHE / E&PS Major Project | | | | | | | | | | | | 10. Date: | | | | 11/08/2021 | |
| **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** | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- |
| **PERSONAL PROTECTIVE EQUIPMENT** (IMPACT # in parenthesis) | **CORRECT** | **QUESTIONABLE** | **COMMENTS**  (Write comments for all Questionable Items,  significant Correct actions and “Other) | | |
| (Write number of times line item observed as performed/addressed in accordance with safe work standards) | |
| 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 | 1 |  |  | | |
| 18. (00306) Housekeeping/storage | 1 |  |  | | |
| 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 | 1 |  |  | | |
| 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 | 1 |  |  | | |
| 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 |  | 1 | Defective scaffold materials | | |
| 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** | 4 | 1 | **% CORRECT/SAFE :** | | |
|  | **80%** |  |
| [(TOTAL CORRECT ÷ (TOTAL CORRECT + TOTAL QUESTIONABLE)  × 100] | | |