BREAKDOWN/CALLOUT WORKORDER



	DATE:						
Work Permit No:	History No:						
PLANT:	EQUIPMENT :						
ISSUED TO:							
REQUESTED BY:	TAG NUMBER:						
MAINTENANCE TYPE:							
Hazard Identification (TICK APPROPRIATE BOX). If a Hazard is	s identified then a risk must be assessed and given a rating						
STOP, THINK and LOOK – JO	DB HAZARD OBSERVATION CHECK						
Hazard Type							
Human factors Tick if F	Risk Plant Tick if Risk M L Applicable H M L						
Manual Handling? Sprain Strain	Has the correct plant been isolated?						
Slips, trips, falls?	Can I be? - Struck						
Is PPE required?	- Cut						
Has production been informed of work?	- Burnt □						
Does the work impact on others?	- Crushed □						
Product/Chemical Exposure	- Moving plant \qed						
Inhale, ingest, contact with chemicals? \Box	Portable Electrical Equipment						
Can Product/chemicals harm me	(eg: inspect tag & condition)						
Can product/chemicals leak from job? Are there energy sources?	Any other Hazards identified? Please list						
Electricity, gas, compressed air, noise,	Flease list						
steam							
Hazard controls are required for a	all identified hazards greater than Low						
Hazard Control (or circle below)							
JSA Hot Works Working	at Heights PPE Confined Space						
Maintenance Issue							
Work done							
Parts Used							
Main Trade Name:	Time: OT						
Trade 1 Name							
Trade 2 Name	Time: OT						
Trade 3 Name	Time: OT						
Is Follow up required? Y / N	Work area inspected and clean? Y / N						
All isolations removed? Y / N Has equipment been tested for correct operation? Y / N							
	COMPLETED AND SIGNED OFF						

Approved Date:	07 Sep 2016	Page 1 of 1	Prepared By:	Teresa Olsen	D1392
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