

TASK	LOCATION			OBSERVER		
DATE / / TIME	Yes	No	NA	Number Sampled	Number Compliant	Comments – Feedback – Issues – Follow up
<b><u>Risk Assessments</u></b>						
JHA Completed and Being Followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Take 5 Completed and Being Followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Compliance to Procedures</u></b>						
Work Area Suitable / Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hazards Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Permits in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Working at Heights (FRPP)</u></b>						
Employees Trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fall Prevention Barriers in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified and Fit for Purpose platforms in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Permits in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Falls Restraint / Arrest in use and in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Confined Space (FRPP)</u></b>						
Employees Trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Atmospheric testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Isolation (FRPP)</u></b>						
Positive Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tags & Locks Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stored Energy Released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment Secured against movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Mobile Equipment (FRPP)</u></b>						
VoC completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Seat Belts Worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Barricades in Place (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Driving to Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Use of Horns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Electrical Equipment (FRPP)</u></b>						
Correct colour test tag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical Equipment protected from Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>LIFTING</u></b>						
Employees Trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lifting Plan in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Area Barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lifting Slings – Chains in Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Manual Handling</u></b>						
Correct Posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Correct Lifting Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Tooling</u></b>						
Correct Tooling for the Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tooling in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Housekeeping</u></b>						
Area clean with Appropriate Barricade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trips / Slips Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>PPE</u></b>						
Glasses / Goggles / Shields worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hand Protection - Leather / Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>Environmental</u></b>						
Hydrocarbons contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Correct labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Spill trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b><u>TOTAL</u></b>				Compliant	Non-Compliant	

**ACTION MUST BE TAKEN IMMEDIATELY FOR AT RISK BEHAVIOURS - SITUATIONS**