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| General Information | | |
| Assessor’s Name: | Date: | Job Location: |
| Job Assessed: | | Personnel Involved in Job: |

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|  | # | Question | Yes | No | N/A | Corrected Immediately |
| **JRA Development** | 1 | Was the job ready for execution: adequate planning completed with the appropriate risk assessment carried out and any associated requirements/actions/SIMOPs identified  in advance and appropriately addressed? |  |  |  |  |
| 2 | Is the task description specific and clear? |  |  |  |  |
| 3 | Has the correct location and work area been identified? |  |  |  |  |
| 4 | Are adequate specific written instructions or procedures required and available? |  |  |  |  |
| 5 | Was the job broken in to appropriate stages with the overall JRA and each stage a manageable size? |  |  |  |  |
| 6 | Were hazards identified with reference to the different Hazard Sources? |  |  |  |  |
| 7 | Were appropriate, specific controls specified adequate to control the risks? |  |  |  |  |
| 8 | Are the hazards/consequences and controls clearly documented and without unnecessary repetition to make the JRA easy to use by the Work Team? |  |  |  |  |
| **JRA Implementation / Monitoring** | 9 | Was a Tool Box Talk carried out at the job site before commencing work during which the JRA was developed or reviewed and responsibility for controls were assigned? |  |  |  |  |
| 10 | Can the Work Team members demonstrate their responsibility for the controls assigned to them? |  |  |  |  |
| 11 | Have any safety devices or system inhibits/overrides required been properly recorded?  (e.g., Fire, Gas, ESD) |  |  |  |  |
| 12 | Are all persons aware of correct actions to be taken in an emergency? |  |  |  |  |
| 13 | If a deviation to the plan had occurred was the job stopped and the JRA appropriately amended for scope change? |  |  |  |  |
| 14 | Do the Work Team members have any items they plan to capture in the After Action Review? |  |  |  |  |
| **Permit to Work** | 15 | Are the pre-requisite controls specified on the appropriate certificate/checklist put in place? |  |  |  |  |
| 16 | Are any supporting certificates referenced? |  |  |  |  |
| 17 | Is there an up to date copy of the Permit at the worksite? |  |  |  |  |
| 18 | Is the activity at the site within the scope of the permit? |  |  |  |  |
| 19 | Is the permit authorized as per requirements with appropriate signatures? |  |  |  |  |
| 20 | Can all work party members demonstrate an adequate level of understanding of the task? |  |  |  |  |
| 21 | Do all work party members understand what to do upon accidental product release or spillage? |  |  |  |  |
| 22 | Do all work party members understand the limitations of the permit and when to Stop the Job if reaching those limits? |  |  |  |  |

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| Certificates and Checklists |  |  |
| Indicate all of the following certificates and checklists that have been verified | | |
| Breaking Containment | High Voltage Electrical Work | Lift Plan |
| Hot Work | Working at Heights | Excavation |
| Confined Space Entry | Isolation |  |

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|  | # | Question | Yes | No | N/A | Corrected Immediately |
| **Isolation** | 23 | All hazardous energy sources requiring isolation are identified? |  |  |  |  |
| 24 | The isolation boundary is sufficient to safely perform the planned work? |  |  |  |  |
| 25 | The appropriate level of isolation is used for the degree of the hazard?  (i.e., DBB, SVI, Positive Isolation) |  |  |  |  |
| 26 | The method for proving each isolation point is identified in the plan? |  |  |  |  |
| 27 | The method for securing each isolation point is documented in the plan? |  |  |  |  |
| 28 | Each isolation point is uniquely identified? |  |  |  |  |
| 29 | Appropriate isolation devices used to secure each isolation point? |  |  |  |  |
| 30 | All tags are visible, legible and have appropriate information?   * Danger Do not Operate * Isolation Point Identification * Authorized Isolator name and contact information |  |  |  |  |
| 31 | All affected employees assessed the isolation and placed personal locks on the appropriate devices? |  |  |  |  |
| 32 | Has the isolation been authorized as per requirements with all signatures in place? |  |  |  |  |
| 33 | Specific order for isolation identified? |  |  |  |  |
| 34 | During de-isolation, is reversal of isolation order understood? |  |  |  |  |
| 35 | Is there a plan in place for safe re-instatement of equipment?  (i.e., Operating Procedure or Temporary Work Instruction) |  |  |  |  |

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| Assessment Findings and Feedback/Coaching delivered |
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