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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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