**It can be filled by several employees of the contractor** **(required signature of each member of the team performing the work together)**

|  |  |
| --- | --- |
| ……………………………………………**CONTRACTOR - Company Name** ……………………………………………**Order/work number**  ……………………………………………**PWR Coordinator**  | **Short description and place of work** ………………………………………………………………………………… …………………………………………………………………………………**Team LEADER** ………………………………………………….. ……………………………………..**Team members** ………………………………………………….. ……………………………………..  ………………………………………………….. ………………………....................  ………………………………………………….. ……………………….................... ………………………………………………….. ……………………….................... First & last name Signatures  |

|  |
| --- |
|  **Potential Hazards** |
| http://www.komputerwfirmie.org/public/news/original/zagrozenie.jpg | YES | N/A |  | YES | N/A |
| Slipping /tripping |  |  | Burn / Frostbite |  |  |
| Squeezing/crushing |  |  | Explosion / fire hazard |  |  |
| Sharp edges |  |  | Falling objects |  |  |
| Strike |  |  | Substances / gases under pressure |  |  |
| Fall |  |  | Chemical substances |  |  |
| Electric shock |  |  | Burdensome noise |  |  |
| Collision with vehcles, elements in motion |  |  | Other…………… |  |  |

## KONTROLA ZAGROŻEŃ:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECURING THE WORK AREA** | YES | N/A | **COOPERATION OF THE CONTRACTOR WITH THE USER** | YES | N/A |
|  |  |  |  |
| * Secure the area of the work to be carried out from access by unauthorized persons
 | * Agree with the user (support, operator, technologist, others) the rules of cooperation and communicate the need to notify the supervisor
* Confirm that the person involved in the work has a completed assessment of the performance of non-standard works - appx. to instruction no. 125.

 ………………………………………………... signature of the area owner / responsible person |
| **INDIVIDUAL AND COLLECTIVE PROTECTION EQUIPMENT** | YES | N/A | **WORKING AT HEIGHT** | YES | N/A |
|  |  |  |  |
| * Clothing
* Gloves
* Shoes
* Helmet
 | * Protective googles
* Face protection
* Hearing protection
* Other …………………….
 | * Visually check the technical condition of the equipment for work at heights
* Secure the work area
* Use the required personal and collective protection equipment
 |
|  **FIRE** **AND FIRST AID EQUIPMENT** | YES | N/A | **HAZARD CONTROL FROM THE POWER SOURCES** | YES | N/A |
|  |  |  |  |
| * I know the location of the fire protection cut-off switches
* I know the location of the manual fire alarm buttons
 | * I know the location of fire extinguishers
* I know the location of an eyewash station
* I know the location of the shower
* I know the location of the first aid kit
 | * Implement the Lockout / Tagout procedure
* Check residual energy and lead to zero energy
* An exception from the Lockout procedure in accordance with Instruction No. 106
 |
| **CLOSED SPACES** | YES | N/A |  **LIFTING AND MOUNTING** | YES | N/A |
|  |  |  |  |
| * Implement the procedure of entering closed spaces
* Use the required personal and collective protection equipment
 | * Check the good technical condition of the lifting equipment and the current inspection
* Check if the load is secured correctly
 |
|  **ELECTRICAL SAFETY** | YES | N/A | **TRANSPORT HANDWORK** | YES | N/A |
|  |  |  |  |
| * Check that the power tools are in good condition and have a current technical inspection
* Use current circuit breakers In = 10mA
 | * Select the right number of people to do the work
* Secure the work area and load
 |
|   **HAND TOOLS** | YES | N/A | **CHEMICAL SUBSTANCES** | YES | N/A |
|  |  |  |  |
| * Check if the tools are in good condition
* Check if the tools are used in right way
 | * Take into account the hazards of chemical substances based on the safety data sheets
* Use required personal protective equipment
 |
| Obraz zawierający tekst, clipart  Opis wygenerowany automatycznie**DANGEROUS FIRE WORK** | YES | N/A | **WORKING WITH ASSURANCE** | YES | N/A |
|  |  |  |  |
| * Implement the fire hazard procedure
* Secure the area
* Use the required personal and collective protection equipment
 | * Work under electric voltage
* Work at height
* Work in closed spaces
* Other………………………………..
 |

## • In case of doubts in the work safety assessement, please contact your supervisor.

## • In case of changing hazards during task execution, the work should be stopped and the evaluation carried out again.

## COMPLETION OF WORK:

|  |  |
| --- | --- |
| * Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 | ………………………………………………… Signature of the implementer / team leader………………………………………………… Signature of the area owner / responsible person |

**Fill this for MULTI-STAGE works (lasts more than 1 day)**

The description should contain specific hazards and its controls, confirmed by the current date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Work steps (that may pose hazards)** | **Potential Hazards** | **Hazard Controls** | **Date** |
| Step no…….. |  |  |  |
|  |  |  |  |
| Step completion............……* Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 |    …………………………………………………  Signature of the implementer / team leader ………………………………………………… Signature of the area owner / responsible person |
| Step no…….. |  |  |  |
|  |  |  |  |
| Step completion............……* Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 |    …………………………………………………  Signature of the implementer / team leader ………………………………………………… Signature of the area owner / responsible person |
| Step no…….. |  |  |  |
|  |  |  |  |
| Step completion............……* Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 |    …………………………………………………  Signature of the implementer / team leader ………………………………………………… Signature of the area owner / responsible person |
| Step no…….. |  |  |  |
|  |  |  |  |
| Step completion............……* Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 |    …………………………………………………  Signature of the implementer / team leader ………………………………………………… Signature of the area owner / responsible person |
| Step no…….. |  |  |  |
|  |  |  |  |
| Step completion............……* Handover to another team / Interruption of work - make sure the workplace is properly secured
* Return the workplace - make sure that the workplace has been restored to its original state and does not create additional hazards (clean up the area: tools, enclosure, parts, cleaners, spilled fluids, etc.).
 |    …………………………………………………  Signature of the implementer / team leader ………………………………………………… Signature of the area owner / responsible person |

Comments/ Notes:

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