**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](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjf98iNxafNAhXMMz4KHZWBCZIQjRwIBw&url=http://www.komputerwfirmie.org/informacje/bezpieczenstwo/pelny/6637/dwa-glowne-zagrozenia-dla-biznesu&psig=AFQjCNF2s4HtVEzelhrsITbeurqp1_oV-A&ust=1465994302715665) | 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 | |
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|  |  |  |  |
| 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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