Take Time for Safety

Last Minute Risk Analysis



Checklist

1	**I am familiar with my work assignment and know where I am supposed to work**	○ **Yes**	○ **No**
1a	What am I supposed to do? What is the job/task?		
1b	Where is the job taking place?		
1c	Who issued the work assignment/ work release? (Enter first and last name)		
2	**I am quali**		○ **No**
2a	What spec (Check off wh		eit Teile
2b	I have beer		○ **No**
3	**Is the mac**		○ **No**
3a	What types of energy are active? (Check off what applies or add)	☐ Electrical ☐ Pneumatic ☐ Gravity loaded components (positive locking) ☐ Other ☐ Residual energy checked	
3b	Switching status **off** by (Check off what applies or add)	☐ Isolation ☐ Emergency stop ☐ Other	☐ Main switch ☐ Protective equipment
3c	Is the plant secured against restarting? (e.g. LoTo)	○ **Yes**	○ **No**
4	**I have the appropriate tools and required work equipment**	○ **Yes**	○ **No**
4a	What special tools have to be used?		
4b	What additional work equipment is required? (Check off what applies or add)	☐ Scaffolding ☐ Ladder ☐ Crane ☐ Safeguards ☐ Other	☐ Cherry picker ☐ Lifting gear ☐ Heavy spare parts ☐ Barriers

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Take Time for Safety

Last Minute Risk Analysis



Checklist

1	**I am familiar with my work assignment and know where I am supposed to work**		**Yes**	**No**
1a	What am I supposed to do? What is the job/task?			
1b	Where is the job taking place?			
1c	Who issued the work assignment/ work release? (Enter first and last name)			
2	**I am qualified and familiar with possible hazards**		**Yes**	**No**
2a	What specific hazards are there? (Check off what applies or add)	☐ Falling from heights	☐ Working alone	
		☐ Fire and explosion	☐ Heat	
		☐ Dust and dangerous substances	☐ Heavy components	
		☐ Uncontrolled movement of components		
		☐ Unprotected moving machine components		
		☐ Other		
2b	I have been instructed for **this specific** activity.		**Yes**	**No**
3	**Is the machine in safe condition?**		**Yes**	**No**
3a	What types of energy are active? (Check off what applies or add)	☐ Electrical	☐ Hydraulic	
		☐ Pneumatic	☐ Energy storage	
		☐ Gravity loaded components (positive locking)		
		☐ Other		
		☐ Residual energy checked		
3b	Switching status **off** by (Check off what applies or add)	☐ Isolation	☐ Main switch	
		☐ Emergency stop	☐ Protective equipment	
		☐ Other		
3c	Is the plant secured against restarting? (e.g. LoTo)		**Yes**	**No**
4	**I have the appropriate tools and required work equipment**		**Yes**	**No**
4a	What special tools have to be used?			
4b	What additional work equipment is required? (Check off what applies or add)	☐ Scaffolding	☐ Cherry picker	
		☐ Ladder	☐ Lifting gear	
		☐ Crane	☐ Heavy spare parts	
		☐ Safeguards	☐ Barriers	
		☐ Other		

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5	**I am not endangering anyone in the vicinity, and no one is endangering me**		○ **Yes**	○ **No**
5a	What additional/parallel work is taking place nearby?			
5b	What steps have been taken to protect yourself and others?	Coordination with:		
6	**I do not notice anything unusual or unexpected**		○ **Yes**	○ **No**
6a	What is different than expected? (Check off what applies or add)	☐ Environment	☐ Lighting	
		☐ Products are still on site		
		☐ Protective equipment has already been removed		
		☐ Other		
6b	Release of dangerous substances in form of (Check off what applies or add)	☐ Vapours	☐ Liquids	
		☐ Dusts	☐ Smoke	
		☐ Other		
7	**I am wearing the required personal protective equipment (PPE)**		○ **Yes**	○ **No**
7a	What special PPE is being used?			
8	**I know my emergency contact person and am familiar with the location of first aid and fire protection equipment**		○ **Yes**	○ **No**
8a	Name of the contact person on site			
8b	Nearest fire-fighting equipment?			

No **Take necessary steps; if not possible, consult the person issuing the assignment**

(Enter first and last name)



After completing the job

9	**I have finished my work and the machine is ready to be used again**		○ **Yes**	○ **No**
9a	Have **all** participants completed their work, and are they outside the danger area of the machine and the plant?		○ **Yes**	○ **No**
9b	Is the protective equipment functioning again?		○ **Yes**	○ **No**
9c	Have the plant operators been informed of changes made to the plant?		○ **Yes**	○ **No**
10	**I have noted an unsafe situation/unsafe condition**	○ **Not applicable**	○ **Yes**	○ **No**
10a	Exact description			
10b	What could I have done to work more safely?			

Employees performing the work:

Filled out by: **Date:**