

Daily Risk Assessment: Interruption to Production

Identify items in your work area that could be impacted by your activities throughout the day. To be completed daily by Forman.		
<input type="checkbox"/> POC's	<input type="checkbox"/> Valves / Valve Handles	<input type="checkbox"/> Brittle Plastic Pipe / PVC
<input type="checkbox"/> Sample Ports	<input type="checkbox"/> Small Bore Fragile Piping	<input type="checkbox"/> Hazardous Material Lines
<input type="checkbox"/> Life Safety Systems / HPM Sensors	<input type="checkbox"/> Fire Pull Stations / Smoke Sensors	<input type="checkbox"/> Hazardous Liquid Drains
<input type="checkbox"/> Duct Dampers / Slide Gates	<input type="checkbox"/> Cable Tray	<input type="checkbox"/> Electrical Panels / Boxes
<input type="checkbox"/> High Point Vents	<input type="checkbox"/> Sprinkler Heads	<input type="checkbox"/> EMO Buttons
<input type="checkbox"/> Air Lines	<input type="checkbox"/> Loose Cables / Comm. Lines	<input type="checkbox"/> Flex / EMT Conduit
<input type="checkbox"/> Heat Trace / Electrical	<input type="checkbox"/> High Purity Tubing	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Explain locations and specific controls . (<i>Controls = Awareness / Communication, Housekeeping, Buddy System, Flagging / Signage, Hard and Soft Barricading, Blocking / Hardening Ect.)</i>		
Risk - Area / Location	Potential Impact	Controlling Action

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Will Work involve penetrations? <i>(Drilling / screwing into - concrete, drywall, pop - outs, RMF, Roof Ceiling, Walls, ECT.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the mitigation? <i>(Obstructed conduit / utilities?)</i>
Is congestion blocking access / egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how will you mitigate?
Identify and note any changes from :		
<input type="checkbox"/> Yesterday		
<input type="checkbox"/> Break		
<input type="checkbox"/> Lunch		

All crew review and initial:

Date:	
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Supervisor Sign - Off	
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Company:	
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