

Safety check before starting work

To be completed by the executor / contractor. Applicable document of the work release system.

GBU / operation:	AF-No.:	Date:
Building / Floor:	Plant section / functional location:	SAP-Order / SAP-Order-No. / KST:

1. Details of the executing company	2. What work to perform
<p>Executor / Contractor: _____</p> <p>Trade: _____</p> <p>1. are the location and work task known? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. safety pass available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. safety instruction available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. number of employees used: _____</p> <p>5. standard PPE available? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(safety shoes, safety goggles, helmet, flame retardant work clothes)</i></p> <p>6. entry / access permit to the plant required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Assembly <input type="checkbox"/> Disassembly <input type="checkbox"/> Testing <input type="checkbox"/> Cleaning</p> <p><input type="checkbox"/> Fault reporting / repair <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> work / entry into containers + confined spaces</p> <p><input type="checkbox"/> work with fall hazards</p> <p><input type="checkbox"/> work in hazardous areas / hot work</p> <p>work order: _____</p> <p>_____</p> <p>How will I perform the work? (Activity, work and assembly description)</p>

3. Which devices / tools do I plan to use?	4. What are the dangers of my work?
<p><input type="checkbox"/> general hand tools / assembly tools <input type="checkbox"/> chains / hoists</p> <p><input type="checkbox"/> electrically operated hand tools <input type="checkbox"/> ladder</p> <p><input type="checkbox"/> electrically operated machines <input type="checkbox"/> scaffolding</p> <p><input type="checkbox"/> lifting platform <input type="checkbox"/> crane / mobile crane</p> <p><input type="checkbox"/> auxiliary construction / girder <input type="checkbox"/> welding equipment</p> <p><input type="checkbox"/> other equipment _____</p> <p>explosion proof execution:</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> lamp / luminaire</p> <p><input type="checkbox"/> <input type="checkbox"/> measuring device: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> radiation source: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> other: _____</p> <p>use of chemicals / solvents / gases brought along:</p> <p><input type="checkbox"/> which? (description): _____</p>	<p><input type="checkbox"/> particles / parts flying away</p> <p><input type="checkbox"/> dust generation</p> <p><input type="checkbox"/> falling hazard</p> <p><input type="checkbox"/> risk of slipping / tripping</p> <p><input type="checkbox"/> crushing, cutting</p> <p><input type="checkbox"/> falling parts / uncontrollably moving parts / suspended loads</p> <p><input type="checkbox"/> noise generated by own work</p> <p><input type="checkbox"/> release of radiation</p> <p><input type="checkbox"/> release of hazardous substances (e.g. welding fumes, vapors, etc.)</p> <p><input type="checkbox"/> ignition hazards due to operating equipment</p> <p><input type="checkbox"/> electrical hazards</p> <p><input type="checkbox"/> burning / frostbite hazards</p> <p><input type="checkbox"/> other (description): _____</p>

5. How do I protect myself at work?		
a. Technical protective measures	b. Organizational protective measures	c. Personal protective measures
<p><input type="checkbox"/> working scaffold</p> <p><input type="checkbox"/> protective scaffold</p> <p><input type="checkbox"/> railing / fixed barrier</p> <p><input type="checkbox"/> safety net</p> <p><input type="checkbox"/> blower (ventilation)</p> <p><input type="checkbox"/> other (description): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> cordoning off the danger area</p> <p><input type="checkbox"/> operating / work instructions <i>(e.g. use of chemicals...)</i></p> <p><input type="checkbox"/> checklist work procedure / preparation <i>(e.g. safety checklist...)</i></p> <p><input type="checkbox"/> risk assessment <i>(e.g. working at heights...)</i></p> <p><input type="checkbox"/> assembly instructions <i>(e.g. for scaffolding ...)</i></p> <p><input type="checkbox"/> use of tested equipment <i>(e.g. DGUV V 3, DGUV R 112-198, ...)</i></p> <p><input type="checkbox"/> LOTO - TSP-No.: ____ / Lockbox-No.: ____</p> <p><input type="checkbox"/> other (description): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> hearing protection</p> <p><input type="checkbox"/> basket safety goggle <input type="checkbox"/> face shield</p> <p><input type="checkbox"/> gloves: _____ <i>(e.g. cut, heat, chemical protection, etc...)</i></p> <p><input type="checkbox"/> welding protection equipment</p> <p><input type="checkbox"/> disposable protective suit type: _____</p> <p>PPE against falls from a height:</p> <p><input type="checkbox"/> safety harness <input type="checkbox"/> restraint device</p> <p><input type="checkbox"/> fall arrester _____</p> <p>respiratory protection:</p> <p><input type="checkbox"/> dust mask <input type="checkbox"/> full face mask</p> <p><input type="checkbox"/> blower hood / helmet _____</p> <p><input type="checkbox"/> Filter type: _____</p> <p><input type="checkbox"/> other (description): _____</p> <p>_____</p>

6. Communication of the security check	
<p>Name: _____ Signature: _____</p> <p><i>Responsible executor / contractor (Verantwortlicher Ausführer)</i></p>	<p>cognizance company (Kenntnisnahme Betrieb):</p> <p>Name: _____ Signature: _____</p> <p><i>Plant manager / authorized representative (Betriebsleiter / bevollmä. Vertreter)</i></p>
<p>After assessment by the plant manager / authorized representative, a work release is not necessary</p>	
<p>Date: _____ Signature: _____</p>	