

GENERAL TASK ASSESSMENT

- Do I clearly understand what is required? _____ Yes No N/A
- Am I trained to do the work and familiar with the equipment / task? _____ Yes No N/A
- Are the tools and equipment in a safe condition / approved / certified? _____ Yes No N/A
- Do I have approved documentation for the task? _____ Yes No N/A
- Have I informed others who may be affected by my work? _____ Yes No N/A
- Do I have the correct PPE/RPE for the task
(identified in the risk assessment/method statement)? _____ Yes No N/A

IDENTIFY AND ASSESS THE HAZARDS

Provide corrective actions for hazards identified by selecting one of the items below.
Describe the action to take, assign a member, set priority level and due date.

HAZARD

Hazard type

- | | | | |
|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Atmospheric | <input type="checkbox"/> Chemical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> General | <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Lighting | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Pressure | <input type="checkbox"/> Radiation | <input type="checkbox"/> Thermal | <input type="checkbox"/> Other: _____ |

Take and attach to this document a photo(s) evidence of hazard identified

Describe the hazard

Priority for action

- Extreme Risk High Risk Medium Risk Low Risk

Likelihood

- Almost Certain Likely Possible Unlikely Rare

Control measure

CONTROL AND MONITOR

Are all hazards identified controlled or removed? Yes No

If the answer is No, discuss the matter with the Supervisor and Person in Charge - DON'T START THE WORK before all hazards are identified and removed and control measures are in place.

COMPLETION

I **confirm** that all hazards are identified and removed. Control measures are in place and this Task Risk Analysis is discussed with everyone involved in the task.

Full Name and Signature of Assigned Employee

Full Name and Signature of Supervisor or Person in Charge

Date (DD/MM/YYYY)

Location name

Attach this signed form to its corresponding Permit to Work and make required adjustments, according to the findings of this Task Risk Analysis. Pay special attention to the eventual changes in the work procedure, (additional) Personal Protection Equipment and control measures.