

Safe job analysis

The purpose of this model is to establish a common practice for Safe Job Analysis (SJA) in Mo Industrial Park. The form may be used manually or digitally. The form is revised by Mo Industrial Park AS. Personnel responsible for carrying out SJA shall receive necessary training.

SJA is a systematic and step by step review of all risk factors, in advance of a specific task or work operation. In this way, actions can be taken to eliminate or control the identified risk elements. For more complex work operations several SJA have to be performed. The checklist may preferably be used during inspection.

Implementation of SJA is based on the following step by step method:

- Assessment of probability and consequence, rating of hazards.
- Actions to eliminate or control identified hazards.
- Residual risk is assessed and accepted.
- Personnel who are affected by the work is involved and will lead to improved communication and information.
- Safety delegates and relevant expertise are involved in the analysis when needed.
- Previous relevant experience is used.
- The result of the SJA is documented, including necessary actions, responsibilities and participants
- A new review of the SJA is performed when new personnel is involved
- All personnel involved in the work shall be familiar with the performed SJA and sign the form

Both Contractor and Executing companies should have signed copy. Filing of SJA may vary, but shall be available during an inspection or audit.

Checklist for Safe Job Analysis

(The list is not complete, but a minimum of the factors to be mapped and analyzed)

Item	Checkpoints	Yes	No
1	Is the work operation unknown to the personnel?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is weather a security risk?	<input type="checkbox"/>	<input type="checkbox"/>
3	May the work lead to reduced safety steps? (disconnected water, blocked escape routes, disconnected alarm systems, removed fire walls etc)	<input type="checkbox"/>	<input type="checkbox"/>
4	Is additional light necessary?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is additional ventilation necessary?	<input type="checkbox"/>	<input type="checkbox"/>
6	Heavy lifting? Is lifting equipment necessary?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there risk of clamp/crushing injuries?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the work close to any mobile equipment/ devices?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is there a need to switch off (" work permit") surrounding machinery?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are disconnection /grounding of conductive wires or similar necessary?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are warning signs/ barriers necessary?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is nearby traffic (people / cranes / heavy vehicles) a safety risk?	<input type="checkbox"/>	<input type="checkbox"/>
13	Melted slag /metal in the area?	<input type="checkbox"/>	<input type="checkbox"/>
14	Are coordination with other work operations in the area required?	<input type="checkbox"/>	<input type="checkbox"/>
15	Are there any special requirements for training connected to use of equipment / machinery/area?	<input type="checkbox"/>	<input type="checkbox"/>
16	Does the work involve risk to the environment?	<input type="checkbox"/>	<input type="checkbox"/>
17	Is a waste management plan required?	<input type="checkbox"/>	<input type="checkbox"/>
18	Is covering above working area necessary? Falling objects?	<input type="checkbox"/>	<input type="checkbox"/>
19	Does the work include abnormal exposure to dust, noise or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
20	Is the work to be performed above 2 m height off the ground?	<input type="checkbox"/>	<input type="checkbox"/>
21	Do construction materials contain dangerous substances? (Asbestos, PCB etc)	<input type="checkbox"/>	<input type="checkbox"/>
22	Is testing during /after installation required? New SJA for test operation is necessary.	<input type="checkbox"/>	<input type="checkbox"/>
23	Is a work permit a general requirement to any work in the area /company? Contact Contractor's representative.	<input type="checkbox"/>	<input type="checkbox"/>
24	Is there any risk of infection in this assignment?	<input type="checkbox"/>	<input type="checkbox"/>

Description of assignment and location:			
Contractor company:		Date of inspection:	
Executing company:		Executing resp. pers.:	
Do any of the items on the checklist involve risks where actions must be implemented?			
Item:	Describe actions to be taken to achieve a satisfactory risk level		Responsible
If there are additional risks where actions must be taken, please attach a separate sheet			

Does the work operation include hot work or risk of explosion?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does operator have certificate for hot work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it necessary to disable fire and extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name resp. pers.:	
Is hot work permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name resp. pers.:	
Is additional fireguard necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name resp. pers.:	
Is gas metering necessary in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name resp. pers.:	
Is ventilation of piping necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name resp. pers.:	
Other actions related to hot work?			

Does the work require use of fall protection? If , check common procedure in MIP "Working in heights"	
Procedure section 5.2.2, other work that must be taken into consideration?	
Procedure section 5.3, the names of emergency crew?	
Procedure section 5.4, the name of safety guard?	
Procedure section 5.5, PPE for working in heights?	
Rescue plan according to procedure Section 5.2.8	

Personal protective equipment (PPE) to be used during work operation:			
Residual Risk:	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Number of attachments to SJA:	

Personnel participating in work operation (signature of all - read and understood :)

Responsible for completion of SJA

Name (Contractor company representative)	Name (Executing company representative)
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Date/Sign.	Date/Sign.
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