

SAFE JOB ANALYSIS (SJA)

CHECK POINTS FOR SAFE JOB ANALYSIS – tick off – blue cells require actions – describe on page 1					
	Yes	No		Yes	No
1 Is coordination against other companies required?	<input type="checkbox"/>	<input type="checkbox"/>	15 Handling of waste?	<input type="checkbox"/>	<input type="checkbox"/>
2 Personnel familiar with work area?	<input type="checkbox"/>	<input type="checkbox"/>	16 Danger of radiation?	<input type="checkbox"/>	<input type="checkbox"/>
3 Specific procedures to be reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	17 Unsafe access to work place?	<input type="checkbox"/>	<input type="checkbox"/>
4 Communication channels in place?	<input type="checkbox"/>	<input type="checkbox"/>	18 Danger of injury – working with heavy load?	<input type="checkbox"/>	<input type="checkbox"/>
5 Special requirements for personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	19 Weather condition might be a safety issue (wind, cold, fog etc)?	<input type="checkbox"/>	<input type="checkbox"/>
6 WORK AT HEIGHT/ AT DIFFERENT LEVELS (See RED table) Danger of falling/ falling objects	<input type="checkbox"/>	<input type="checkbox"/>	20 Lack of light?	<input type="checkbox"/>	<input type="checkbox"/>
7 LIFTING OPERATIONS? Danger – suspended load? Operation in area with crane?	<input type="checkbox"/>	<input type="checkbox"/>	21 Actions for infection control?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	22 Danger of electric shock?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	23 Surfaces with high/ low temperature ?	<input type="checkbox"/>	<input type="checkbox"/>
8 WORK WITH MOBILE EQUIPMENT? TRAFFIC?	<input type="checkbox"/>	<input type="checkbox"/>	24 Emissions/ impact on environment ?	<input type="checkbox"/>	<input type="checkbox"/>
9 WORK ON ENERGIZED EQUIPMENT? Energy isolation necessary – voltage, pressure, rotation? Necessary with mark/ lock procedure – de-energizing of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	25 Hot/ liquid metal/ slag?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	26 High pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	27 Noise/ vibration?	<input type="checkbox"/>	<input type="checkbox"/>
10 HOT WORK (See GREEN table) Danger of fire/ explosion?	<input type="checkbox"/>	<input type="checkbox"/>	28 Danger of cut/ crush injury?	<input type="checkbox"/>	<input type="checkbox"/>
11 CONFINED SPACES Entering confined spaces requires specific check list and work permission from appointed personnel.	<input type="checkbox"/>	<input type="checkbox"/>	29 Will the work cause blocked escape routes, disconnected alarms/ water, removal of fire walls?	<input type="checkbox"/>	<input type="checkbox"/>
12 EXCAVATION WORK This work requires special approval (“gravemelding”)	<input type="checkbox"/>	<input type="checkbox"/>	30 Exposure to dust/ smoke/ gas/ harmful substances/ liquids?	<input type="checkbox"/>	<input type="checkbox"/>
13 Necessary to close area? Warning signs?	<input type="checkbox"/>	<input type="checkbox"/>	31 Additional ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
14 Necessary to cover openings?	<input type="checkbox"/>	<input type="checkbox"/>	32 Addition for electro (see ORANGE table)	<input type="checkbox"/>	<input type="checkbox"/>
			33 Other:	<input type="checkbox"/>	<input type="checkbox"/>
29 ADDITION FOR ELECTRO – tick off – orange cells requires actions – describe on page 1					
	Yes	No		Yes	No
A Necessary information available (voltage, disconnection item, location etc)	<input type="checkbox"/>	<input type="checkbox"/>	E Notification of de-energizing necessary?	<input type="checkbox"/>	<input type="checkbox"/>
B Correct tools and in order?	<input type="checkbox"/>	<input type="checkbox"/>	F External hazards?	<input type="checkbox"/>	<input type="checkbox"/>
C Danger of disruptions (production, phone data, fire etc)	<input type="checkbox"/>	<input type="checkbox"/>	G Suitable test/ measuring instruments?	<input type="checkbox"/>	<input type="checkbox"/>
D Necessary with further security actions – disconnection, protection against energizing equipment, marking etc?	<input type="checkbox"/>	<input type="checkbox"/>	H Necessary with grounding/ disconnection of conductive wires?	<input type="checkbox"/>	<input type="checkbox"/>
			I Specific EI – SJA to be filled out?	<input type="checkbox"/>	<input type="checkbox"/>
10 HOT WORK – CONFIRM OK BY TICKING OFF – PRIOR TO START-UP					
A Hot work certificate (operator and fire guard):	<input type="checkbox"/>		F Area is cleaned prior to start-up	<input type="checkbox"/>	
B Fire guard (Name):	<input type="checkbox"/>		G Routine for evacuation of gas is known	<input type="checkbox"/>	
C Minimum 2 pcs 6 kg ABC fire extinguisher or other type, water/ fire hose	<input type="checkbox"/>		H Wholes/ cracks are secured	<input type="checkbox"/>	
D Location of emergency shower, first aid, escape route is known	<input type="checkbox"/>		I Combustible equipment like cables, hoses etc secured (removed or covered)	<input type="checkbox"/>	
E Tools for welding/ cutting without defect and in order	<input type="checkbox"/>				
6 WORK AT HEIGHT – FILL IN					
Preparedness – name of person:			Confirm training – work at height/ fall protection when applicable	<input type="checkbox"/>	
Rescue plan – describe:			Confirm training – use of lift when applicable	<input type="checkbox"/>	
			Confirm training – when use of scaffold	<input type="checkbox"/>	