

FORM FOR SAFE JOB ANALYSIS (SJA)

Safe Job Analysis is used when the work meets at least one of the criteria below:

- Work is defined as risky
- Work is defined as risky, and other risk analysis is not performed and established
- Work is defined as risky and work description differs from the regular procedure
- Work is defined as risky and work is rarely performed/first time

The SJA is reviewed by all involved persons, before the work begins.

Participants for the completion of the analysis:	Location of the analysis:	Date/time of the analysis:
BG: Bjørnar Lingjerde and Lena Stenseth EB Marine: Torbjørn Erga and Øystein Reve	EB Marine's premises	30.5.2013

Description of duties: <i>DEPLOYMENT. MOB/DEMORB.</i>	Place/area for carrying out the assignment:	Date/time of execution:
	Ims, Sandnes, Norway	May

No.:	Sub-tasks ("take", "remove", "open", etc.):	Hazard/Risk	Consequences	Recommended mitigating measures	Responsible

Is the total risk acceptable (yes/no)?	Conclusion/comment	Experience Summary	Checklist completed
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<i>All ok</i> <i>An ok</i>	<i>REF. INTERIM REPORT #2</i>	<i>Yes</i>

Approval, date, signature <i>30.10.13</i>	Responsible Manager <i>Bjørnar Lingjerde</i>	Employee Representative <i>N/A</i>
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CHECKLIST FOR SAFE JOB ANALYSIS

Customer:					Date:
Nr.	Checkpoint	Yes	No	N/A	Comments
1	Is the job operation known?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crabs, different equipment
2	Are there adequate instructions for the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deployment plan
3	Do we have knowledge of/experience with adverse events on similar jobs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do we have the necessary personnel and expertise for the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internally and externally
5	Have the executing personnel received sufficient information about the job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are there others who should participate in the SJA meeting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EB Marine
7	Does the job require coordination between several companies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are signaling and communication methods determined and known to all?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are there any possible conflicts with concurrent activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Is it clear who is leading the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BG: Bjørnar Lingjerde
11	Is adequate time planned for the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Has the handling of any alarm or emergency situation been thought through?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Is there adequate fire protection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Are physical barriers/safety systems in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Are the necessary energy isolation measures in place (rotation, pressure, voltage, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved equipment
16	May high/low temperature represent a danger?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Are there sufficient protection/shields on the machinery (covering the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Is lifting equipment and other known equipment/materials available, checked and found to be in order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Have pre-use checks been performed on the lifting equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<ul style="list-style-type: none"> • Valid certification date? • Identification number? • The right design for the task? • Free from defects/errors? 				
20	Has proper and adequate protective equipment been provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Is there a risk of uncontrolled movement of equipment/tools?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting operations
22	Is it necessary to inspect the work area? (Is lifting in the area controlled and are all persons involved in the activity in a safe zone, in case the load falls or turns?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Has working at height (over two meters), working on different levels and/or falling objects been considered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Has flammable gas/liquid/materials in the immediate area of the work been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
25	Has possible exposure to noise, vibration, toxic gas/liquid, smoke, dust, steam, chemicals, solvents or radioactive been considered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Are the necessary data sheets in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
28	Is the workplace clean and tidy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Has the need for marking/signs/barriers been taken into account?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Has transportation been taken into account?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Has the need for a security guard been taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32	Has visibility and lighting been taken into account in respect to the work to be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
33	Will weather conditions create any challenges to the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked and decided the day before
34	Have access/escape routes been considered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a person onshore
35	Has the work position/risk of work-related illness been taken into account?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Is there a risk of emissions to air / ground / sea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
37	Do we have access to first aid equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	Does anyone have first aid training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rev. no.	Effective date	Description	Prepared by	Reviewed by
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01	15.01.2013	For use	Lena Stenseth	
Latest revision approved by:			Eirik Sønneland	

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