|  |  |
| --- | --- |
| Risk inventory conducted by | Date |
|       |       |
| Contractor, supplier company | Person responsible at contractor - supplier | Tel. no. |
|       |       |       |
| Block/Department | Date of work |
|       |       |
| Machine/Object | Work order, project, order number |
|       |       |
| Principal, Ortviken | Contact person, Ortviken |
|       |       |

|  |  |  |
| --- | --- | --- |
| Introductory training completed (**general + local part**) | [ ]  Yes | [ ]  No |
|  |  |  |
| Is a completed risk analysis available for this work | [ ]  Yes | [ ]  No |
| (If Yes, it must be attached to the risk inventory) |
| **Type of work** |
| Working alone | [ ]  Yes | [ ]  No |
|  |  |  |
| [ ]  Mechanical | [ ]  Electrical | [ ]  Hydraulic |
| [ ]  Pneumatic | [ ]  Other: |       |
| **Comments:** |       |
| **Risks, general** |
| [ ]  Slip/fall injury | [ ]  Electricity, fire, explosion | [ ]  Corrosive/poisonous chemicals/dust  |
| [ ]  Crushing/cut injury | [ ]  Hot machine part/media | [ ]  Falling objects/load |
| [ ]  Burn injury | [ ]  Collapse/drowning | [ ]  Emissions to air/land/water |
| [ ]  Radiation | [ ]  Noise/vibrations | [ ]  Legionella |
| [ ]  Other risks: |       |
| **Comments:** |            |
| **Personal protective gear**  |
| [ ]  Hearing protectors | [ ]  Helmet  | [ ]  Protective gloves |
| [ ]  Protective shoes/boots | [ ]  Visor/protective glasses | [ ]  High visibility, protective clothing /suit |
| [ ]  Safety isolating transformer | [ ]  Non-sparkling tools | [ ]  Safety harness |
| [ ]  Breathing protection, type: | [ ]  Other protective gear: |
| **Comments:** |            |
| **Permits** |
| [ ]  Lockout-Tagout | [ ]  Hot work | [ ]  Work in confined space |
| [ ]  Work with pressurized equipment | [ ]  Lifting device, overhead crane/skylift, etc. | [ ]  Work vehicle forklift/tractor, etc. |
| [ ]  Scaffolding/work at heights  | [ ]  Barricades/signs | [ ]  No permits required |
| **Comments:** |            |
| **Other** |
| Gathering site for evacuation | [ ]  Woodyard - waste area | [ ]  Outdoor area - offices |
|  |  |  |  |  |
| Is an attachment(s) available for the Risk inventory | [ ]  Yes | Number |       | [ ]  No |
| **Comments:** |            |
|  |
| **I understand the risks, terms and conditions, responsibility and obligations of the work:** |
| Principal, Ortviken |  | Contact person, Ortviken |  | Person responsible at contractor/ supplier |
|  |  |  |  |  |