|  |  |  |
| --- | --- | --- |
| 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 | |
|  | | |  | |  | | | | | |  | |  | |