**(Specimen card)**

**RISK IDENTIFICATION CARD**

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| --- |
| **Contractor:** |
| **Work permit registration # and date:** |
| **Enter hazard abbreviation in column 'HAZARDS':**  |
| F – fire/explosionHS – hot surfaces P – poisoning N – noise V – vibration II – inadequate illumination  | FTH – fall of things from height FT – fall of thingsML – manual lifting of loads FH – falling from heightE – hazard related to electricity SS – slippery surface TE – thermal environment | UET – hazard related to use of equipment and tools M – hazard related to use of materials MLL – mechanical lifting of loads  |
| Other hazards (enter potential hazards and abbreviations): |

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| **OPERATIONS (ACTIONS)** | **HAZARDS** | **SAFETY EQUIPMENT** |
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Work manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name, surname and signature)

*(reverse side of card)*

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| **LAST MINUTE RISK ANALYSIS** |
| **Prior to commencement of work, make sure that the risk you have estimated beforehand as well as safety measures you have taken are consistent with the situation you encounter at the worksite and all risk are under control.** **Ask each worker to answer these questions:**  | **YES** | **NO** |
| Do I know what I need to do? |  |  |
| Do I know and understand the requirements set in the work permit and the card? |  |  |
| Do I have the right tools? |  |  |
| Do I have proper safety equipment (PPE)? |  |  |
| Is the workplace safe? |  |  |
| If anything goes wrong, do I know what I’m supposed to do? Memorize ORLEN emergency phone number: **+370 443 9333** |  |  |
| **If you think that risk is acceptable, indicate YES. If you do not think that risk is acceptable, indicate NO. If at least one NO, do not start work - go to your work manager and discuss the situation.**  |
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The work I need to do as well as hazards and all safety procedures have been explained to me and I am sure that everything possible to minimize the risk and ensure the safety at work has been done (worker):

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| --- | --- | --- | --- |
| Date | Full name | Job title | Signature |
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