

SAFETY FIRST: FIRST RISK ANALYSIS, THEN INTERVENTION!

APPLICANT	WA/WO n°: _____ Issue date: _____ Department: _____
	Applicant's name: _____ Contact person: _____ Internal tel.: _____
	Risk: flammable / toxic / corrosive / irritant / entrapment hazard / suffocation / electrocution / burning
	Description of the work: _____
Planned start of the work: _____ Time: _____ Intended end of the work: _____ Time: _____	

PRODUCTION	Securing the installation Checked
	<input type="checkbox"/> Work instruction available Work instruction: 0
	<input type="checkbox"/> Personal protective equipment specific to the installation 0
	<input type="checkbox"/> Depressurise tanks / pipes 0
	<input type="checkbox"/> Empty tanks / pipes 0
	<input type="checkbox"/> Close / open valves 0
	<input type="checkbox"/> Remove / separate / blind off connection pipe blind plates 0
	<input type="checkbox"/> Rinse the installation / clean with 0
	<input type="checkbox"/> Check for hazardous substances (installation) 0
	<input type="checkbox"/> Specific hazards / delimit the working area 0
<input type="checkbox"/> Dismantle or shield off radioactive sources 0	
<input type="checkbox"/> Authorisation for the use of maintenance products (see list below) 0	
<input type="checkbox"/> Check additional instructions 0	
<input type="checkbox"/> Secure: service switch OFF and/or locked production 0	
<input type="checkbox"/> Secure: fuses out 0	
<input type="checkbox"/> Smoke detectors out of service (NOTIFY MGCR and RECEPTION) 0	
<input type="checkbox"/> Respect the dress code / increased risk area 0	
<input type="checkbox"/> Intervention Risk Analysis (quality, safety, environment) 0	
<input type="checkbox"/> API installation 0	
<input type="checkbox"/> API production ongoing 0	
<input type="checkbox"/> Work in allergen environment 0	
	Name production: _____ Date: _____
	Signature: _____ Time: _____
Transfer of a secured installation to the operator	Name of operator for information: _____ Date: _____
	Signature: _____ Time: _____

MAINTENANCE	Execution of the works Checked
	<input type="checkbox"/> Instruction available 0
	<input type="checkbox"/> Fire extinguishing agent (ABC / CO ₂) 0
	<input type="checkbox"/> Personal protective equipment specific to the activities... 0
	<input type="checkbox"/> Ventilate during activities 0
	<input type="checkbox"/> Fall protection (lifeline / harness / scaffold) 0
	<input type="checkbox"/> Sealing cable passages (product specifications Rf2h) 0
	<input type="checkbox"/> Work in Ex-zone environment (provide a zoning plan) 0
	<input type="checkbox"/> Fire permit required: issued by 0
	<input type="checkbox"/> Access permit for confined spaces issued by 0
<input type="checkbox"/> Secure: service switch OFF and/or locked maintenance 0	
<input type="checkbox"/> Work below ground level: excavation permit with permission by PVH (initials) 0	
<input type="checkbox"/> Smoke detectors out of service (NOTIFY MGCR and RECEPTION) 0	
<input type="checkbox"/> API installation 0	
<input type="checkbox"/> Respect the dress code 0	
<input type="checkbox"/> Dust production: Intervention Risk Analysis 0	
<input type="checkbox"/> Work at height: Intervention Risk Analysis 0	
<input type="checkbox"/> Use of fragrant/contaminating products: Intervention Risk Analysis 0	
<input type="checkbox"/> Other: Intervention Risk Analysis (quality, (food) safety, environment) 0	
<input type="checkbox"/> Open / close valves 0	
<input type="checkbox"/> Clean up work area (bolts, straps, waste, seals, etc...) 0	
<input type="checkbox"/> Enumeration of the use of maintenance products provided 0	
<input type="checkbox"/> Increased risk area; registration "tool list increased risk area" 0	
Name of person in charge of Maintenance: _____ date: _____	Name of operator: _____ date: _____
Date: _____ Time: _____	<i>I am familiar with the safety measures, instructions, hygiene regulations and the location.</i>
Signature: _____	Signature: _____ time: _____
	Name of the relieving operator: _____ date: _____
	Signatur: _____ time: _____

Additional instructions (to be completed by the applicant, possibly in consultation with the head of department), possible involvement of other departments

	Name	Date	Signature
Operator	Signature of operator for information		
Relieving operator	Signature of operator for information		

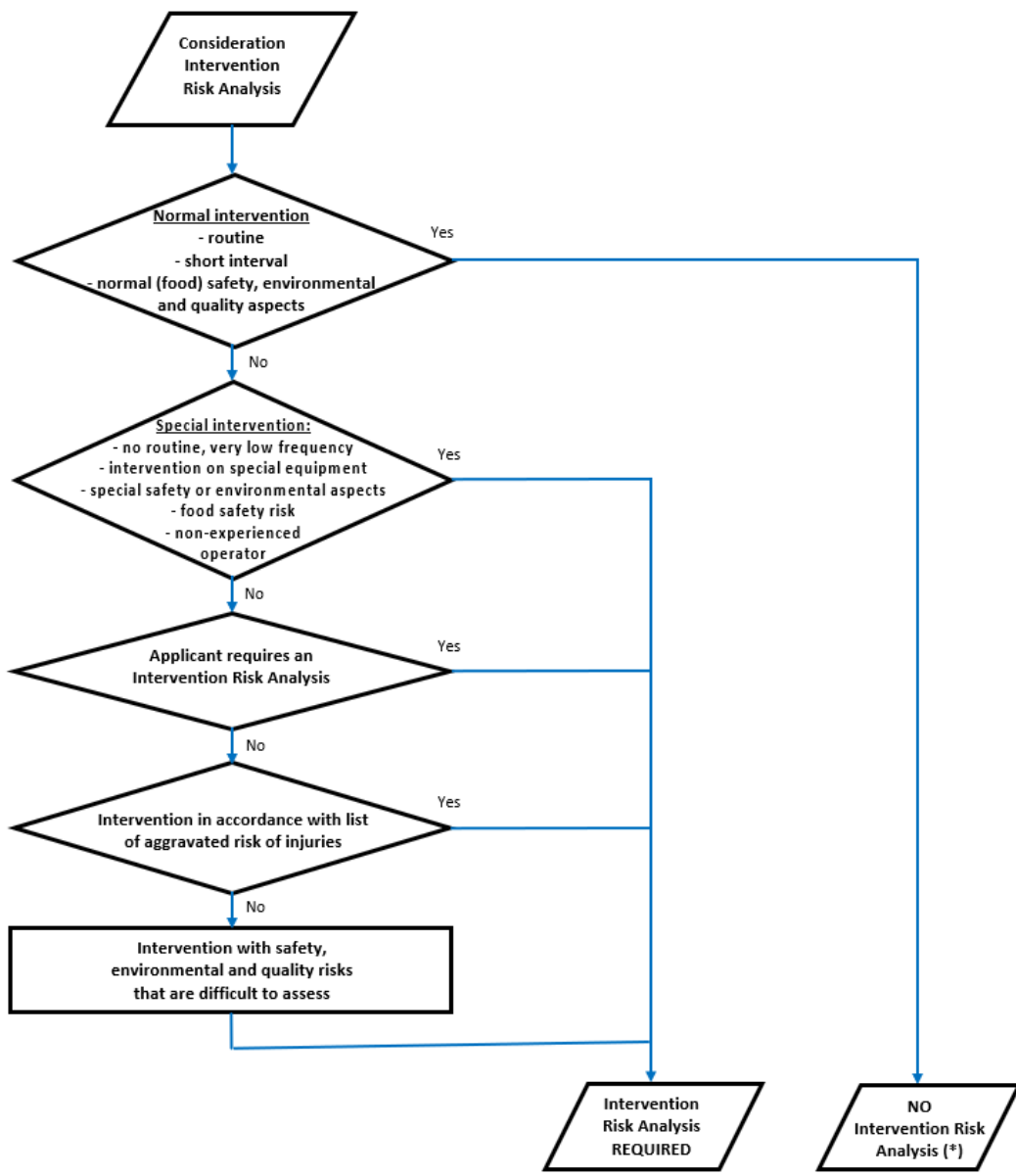
Transfer of the installation from operator to production:
 O the installation is to be cleaned after the intervention (decision to be taken by production after the intervention by mutual agreement); YES / NO
 O If YES:
 the installation was cleaned on (date and signature foreman production)
To be completed by production

Putting into service of the installation	Check	Release installation before putting into
O Removal of blind plates / padlocks O Insertion of fuses O Checking opening/closing ov valves O Work area has been cleared up O Testing the installation: personal protective equipment required? O Rinsing pipes / tanks with O Water test O Automatic extinguishing system in service O O O O O O O O	Name of operator: Signature: Production (foreman if present): Name: Signature: Name Electrical safeguarding: Signature:

This form must be available in the control room during the work.
 Upon completion of the work, it must be returned to the foreman of production.

If fire permit: checking 2 hours after the work by the foreman of production: Name **date / time:**
Signature:

Decision tree Intervention Risk Analysis:



(*): The risks should always be evaluated