


<h2 style="margin: 0;">Safety check before starting work</h2>		Formblatt Dok.-Nr.:FB-IMS-1091_en
To be completed by the executor / contractor. Applicable document of the work release system.		
GBU / operation:	AF-No.:	Date:
Building / Floor:	Plant section / functional location:	SAP-Order / SAP-Order-No. / KST:

1. Details of the executing company	2. What work to perform
Executor / Contractor: _____ Trade: _____ 1. are the location and work task known? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. safety pass available? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. safety instruction available? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. number of employees used: _____ 5. standard PPE available? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(safety shoes, safety goggles, helmet, flame retardant work clothes)</i> 6. entry / access permit to the plant required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Assembly <input type="checkbox"/> Disassembly <input type="checkbox"/> Testing <input type="checkbox"/> Cleaning <input type="checkbox"/> Fault reporting / repair <input type="checkbox"/> Maintenance <input type="checkbox"/> other: _____ <input type="checkbox"/> work / entry into containers + confined spaces <input type="checkbox"/> work with fall hazards <input type="checkbox"/> work in hazardous areas / hot work work order: _____ How will I perform the work? (Work and assembly description) _____ _____

3. Which devices / tools do I plan to use?	4. What are the dangers of my work?
<input type="checkbox"/> general hand tools / assembly tools <input type="checkbox"/> chains / hoists <input type="checkbox"/> electrically operated hand tools <input type="checkbox"/> ladder <input type="checkbox"/> electrically operated machines <input type="checkbox"/> scaffolding <input type="checkbox"/> lifting platform <input type="checkbox"/> crane / mobile crane <input type="checkbox"/> auxiliary construction / girder <input type="checkbox"/> welding equipment <input type="checkbox"/> other equipment: _____ explosion proof execution: YES NO <input type="checkbox"/> <input type="checkbox"/> lamp / luminaire <input type="checkbox"/> <input type="checkbox"/> measuring device: _____ <input type="checkbox"/> <input type="checkbox"/> radiation source: _____ <input type="checkbox"/> <input type="checkbox"/> other: _____ Use of hazardous substances and compressed gases: Safety data sheets must be enclosed! <input type="checkbox"/> which? (description): _____	<input type="checkbox"/> particles / parts flying away <input type="checkbox"/> Dust generation e.g. due to grinding, drilling, cutting, chiselling <input type="checkbox"/> falling hazard <input type="checkbox"/> risk of slipping / tripping <input type="checkbox"/> crushing, cutting <input type="checkbox"/> falling parts / uncontrollably moving parts / suspended loads <input type="checkbox"/> noise generated by own work <input type="checkbox"/> release of radiation <input type="checkbox"/> release of hazardous substances (e.g. welding fumes, vapors, etc.) <input type="checkbox"/> ignition hazards due to operating equipment <input type="checkbox"/> electrical hazards <input type="checkbox"/> burning / frostbite hazards <input type="checkbox"/> other (description): _____ <div style="text-align: center;"></div>

5. How do I protect myself at work?		
a. Technical protective measures	b. Organizational protective measures	c. Personal protective measures
<input type="checkbox"/> working scaffold / protective scaffold <input type="checkbox"/> railing / fixed barrier <input type="checkbox"/> safety net <input type="checkbox"/> blower (ventilation) <input type="checkbox"/> Extraction / wetting <input type="checkbox"/> Enclosure <input type="checkbox"/> other (description): _____ _____ _____ _____ _____ _____	<input type="checkbox"/> cordoning off the danger area <input type="checkbox"/> operating / work instructions <i>(e.g. use of chemicals...)</i> <input type="checkbox"/> checklist work procedure / preparation <i>(e.g. safety checklist...)</i> <input type="checkbox"/> risk assessment <i>(e.g. working at heights...)</i> <input type="checkbox"/> assembly instructions <i>(e.g. for scaffolding ...)</i> <input type="checkbox"/> use of tested equipment <i>(e.g. DGUV V 3, DGUV R 112-198, ...)</i> <input type="checkbox"/> LOTO - TSP-No.: ____ / Lockbox-No.: ____ <input type="checkbox"/> other (description): _____ _____ _____ _____	<input type="checkbox"/> hearing protection <input type="checkbox"/> basket safety goggle <input type="checkbox"/> face shield <input type="checkbox"/> gloves: _____ <i>(e.g. cut, heat, chemical protection, etc..)</i> <input type="checkbox"/> welding protection equipment <input type="checkbox"/> disposable protective suit type: _____ PPE against falls from a height: <input type="checkbox"/> safety harness <input type="checkbox"/> restraint device <input type="checkbox"/> fall arrester _____ respiratory protection: <input type="checkbox"/> dust mask <input type="checkbox"/> full face mask <input type="checkbox"/> blower hood / helmet _____ <input type="checkbox"/> Filter type: _____ <input type="checkbox"/> other (description): _____ _____ _____

6. Communication of the security check	
Name: _____ Signature: _____ <i>Responsible executor / contractor (Verantwortlicher Ausführer)</i>	cognizance company (Kenntnisnahme Betrieb): Name: _____ Signature: _____ <i>Plant manager / authorized representative (Betriebsleiter / bevollmä. Vertreter)</i>
After assessment by the plant manager / authorized representative, a work release is not necessary	
Date: _____	Signature: _____