giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Environment and Health Protection, Safety

MANDATORY CHECK !!! (prior to every routine)
required by law
LAST MINUTE RISK ASSESSMENT FOR SERVICE AND INSTALLATION WORK

Name technician:	Type of work: **Installation / Service**
Service center :	Job order #:
Name customer:	
Date:	Enter email address:
Note: Use back page if needed.	Referring to:

1. Results of risk assessment:

- Workplace environment is ok				- Lifting/carrying of heavy loads	Yes		No	
O unobstructed	Yes		No	- Moving parts: O Lifting devices O Crane				
O Floor	Yes		No	- Transport: O Forklift O Traffic				
O Illumination	Yes		No	- Tools/other work equipment	Yes		No	
O Ventilation	Yes		No	- Working with risk of falling	Yes		No	
O Escape routes existing and unobstructed	Yes		No	Climbing on roofs, working platforms, etc.:	Yes		No	
- Confined spaces, containers, floor ducts, intermediate ceili	Yes		No	O Ladder, O Lifting platform, O Scaffold,				
- Working conditions: O Dust O Heat O Cold	Yes		No	O Transport routes, O Illumination O Moisture/Slipperiness,				
- Noises	Yes		No	Safe access to working place known?	Yes		No	
- Ex-area	Yes		No	- Barriers at working place required	Yes		No	
- Fire hazard/sparks	Yes		No	- Work on electrical installations	Yes		No	
- Hazardous substances	Yes		No	- Work on gas detection system	Yes		No	
- R717 - R744 - R290 - R600a - other	Yes		No	- Work on safety ventilation system	Yes		No	
- Hot water/water/waste water	Yes		No	- Work on fire detection system	Yes		No	
- Sharp edges	Yes		No	- other:	Yes		No	

2. Is there an immediate risk for you or others? / Measures necessary by regional supervisors? Yes ☐ No ☐
If so, involve them during the risk analysis and have analysis signed by all involved.
Note here your findings:

3. Measures according to risk analysis (risks have to be eliminated by)- selection of requiered PPE:

Protective cothing for brazing / welding		*electrical*		*Protctive clothing for > specify ….*	
Elec. Insulated tools		*RCD*		*Elec. Isolation mat*	
Safety gloves > describe protection function				*Personal gas detector*	
Safety goggles				*Portable air blower*	
Basket shaped goggles				*ESD grounding assy*	
Safety boots				*Gas mask (type of filter?)*	
Safety helmet				*Dust mask (specify)*	
Hard cap				*Fire extinguisher*	
Ear protection				*Fall protection system*	

3. 1 Further remarks for carrying out work (if necessary use backside of this document):

4. Additional measures

4.1	Must affected areas be informed?		No	Yes, which ?
4.2	Are authorization certificates necessary? (e.g. certificate for brazing, welding, etc.)		No	Yes, which ?
4.3	Must additional requirements be respected? (ask customer)		No	Yes, which ?

4.4	Secondary (service) CO2 safety-valve assembly is checked for correct position / function ?	Yes		No	
4.5	Safety ventilation system is working (or sufficient natural air-change provided)?	Yes		No	
4.6	Fixed gas warning system is operational and in good order?	Yes		No	
4.7	Nitrogen (ODFN) for inerting the system is available ?	Yes		No	

5. Last Minute Risk Analysis executed by:

Service Technician Name / Function / Signature	Customer: Signature and Name written out	Date: