**PTRA: Pre-Task risk assessment**

The Pre-Task risk assessment must be available at the work site until completion of the task

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| **Section 1: Description / scope of work** | | | | | | | | | | |
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| **Location: building / laboratory etc.** | | | | | **Equipment description:** | | | | | | |
|  | | | | | **Date:** | | **Time:** | | | | |
| **Section 2: Situational risk assessment**  As a minimum the three stage assessment set out below must be followed. Ensure the hazards are identified, assessed and managed before, during and after the task, by the task leader. | | | | | | | | | | |
| **Identify all hazards in the workplace** | | | **Assess all the risks associated with the hazard considering the hierarchy of controls (What can go wrong)** | | | | | **Manage all the risks associated with Hazards when it cannot be eliminated** | | |
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| **Adjacent Area Task leader/Service Provider** | **Name:**  **Surname:** | | **Discipline:**  **Control number:** | | | | | **Signature:**  **Date:** | | |
|  | | |  | | | | |  | | |
| **Task leader/Permit recipient/ Sasol Official that discussed the hazards with the team / service provider.** | **Name:**  **Surname:** | | **Discipline:**  **Control number:** | | | | | **Signature:**  **Date:** | | |
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| **If the hazards cannot be mitigated escalate to supervisor / foreman before commencing with the task** | | | | | | | | | | |
| **Section 3: Acknowledgement (hazard identification team members, if applicable)**  **I fully understand the hazards that were identified and discussed. I will comply with the mitigating actions to prevent any deviations and will ensure that the task is executed safely.** | | | | | | | | | | |
| **Name (print)** | | **C / number** | | **Signature** | | **Name (print)** | | | **C / number** | **Signature** |
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| **Trigger list to be considered before executing the task and managed in Section 2 of this document** | | | |
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| Are there any product or process leaks that can lead to exposure from hazardous vapours, dust, chemicals, steam etc.? | Y | N | N/A |
| Are there any exposed hot or cold surfaces? | Y | N | N/A |
| Is there any hazard of people or equipment falling from heights? | Y | N | N/A |
| Is there any hazard from moving equipment? (E.g. rail, bucket elevators, conveyor belts, machinery, vehicles, etc.) | Y | N | N/A |
| Is there any hazard from the immediate work area? (E.g. access, restricted/congested, uneven surfaces, sharp edges, etc.) | Y | N | N/A |
| Are there any other tasks in your immediate work area that can influence the safe execution of your task? | Y | N | N/A |
| Can your task influence the safe execution of any other task in your work area? | Y | N | N/A |
| Did the electrical department inspect all the portable electrical equipment? | Y | N | N/A |
| Does your task involve work in a substation? | Y | N | N/A |
| Does your task involve heavy mobile equipment? | Y | N | N/A |
| Do you have all the required PPE for the task? | Y | N | N/A |
| Do you follow all the required road safety rules? | Y | N | N/A |
| Did you consider actions to be implemented under section 2 related to the Life Saving Rules? (Mark the LSR(s) below related to your task) | Y | N | N/A |



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| **Section 4: Continuation –** Sasol official / service provider supervisor who will perform the task confirms that: Conditions of the work area remained the same and no new hazards were identified. | | | |
| **Date** | **Time** | **Initials, Surname and Control No.** | **Signature** |
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| **Section 5: Management of tools and equipment at heights** |

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| **List of tools and equipment** which could fall to lower levels (through the grating, over the side, fall whilst lifting, lowering, blown off and erection or dismantling) | | | | | | | | | |
| **Detailed list of tools and materials (At the work site)** | | | | **List of control measures to prevent tools and material falling lower levels** | | | | | |
| e.g. | Bolts and Nuts | | | Fish Buckets | | | | | |
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| **Management of the work site and surroundings** | | | | | | | | | |
|  | Based on the activity, are the following measures in place if applicable: | | | | | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Is the access controlled to the work area with positive barricading and signs? | | | | |  |  |  |  |
| 2 | Is a drop zone in place, have all dimensions of the work site been assessed in determining the drop zone size? | | | | |  |  |  |  |
| 3 | If required, is plant, machinery and equipment covered to prevent damage? | | | | |  |  |  |  |
| 4 | Was the work area inspected to ensure it is free from potential falling object hazards that may have existed before the commencement of the current task? (Left behind from a previous task). | | | | |  |  |  |  |
| **Verification by service provider supervisor or Sasol foreman (depending on the execution team) to confirm that sufficient controls are in place to prevent tools and equipment from falling.** | | | | | | | | | |
|  | Name: |  |  | |  | | | | |
|  | Company (if Sasol include division): |  |  | |  | | | | |
|  | Signature: |  |  | |  | | | | |