



Task Description:

### YOUR DETAILS

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ PTW No: \_\_\_\_\_ Isolation Cert No: \_\_\_\_\_  
 Company: \_\_\_\_\_ Signature: \_\_\_\_\_

### LIFESAVING RULES VERIFIED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:















When completing a Task Assurance the following are areas to consider or discussion/confirmation at the worksite:

<b>Major Accident Hazard/ Process Safety</b>	Application & integrity of isolations, Communication Equipment, Escape Arrangements, Active Fire Protection, Hydrocarbon Containment, Blowdown or Relief Systems, Drains & Vents, Emergency Power & Lighting, Emergency Shutdown Systems, HVAC, Navigational Aids, PFP, Well Control Equipment, TR, Dynamic Positioning, F&G Detection Systems, Asset Integrity, Diving Systems, Critical Instrumentation
<b>Control of Work</b>	permit to work scope, contents & understanding, compliance with procedures, understanding of hazards & implementation of controls, quality of tool box talk
<b>Human Factors</b>	communication/ handover, training & competence, simultaneous operations (including helicopter & marine), management of change, correct use of serviceable equipment
<b>Emergency Response</b>	location of emergency equipment, actions to take in the event of an emergency, confirm stop the task authority, rescue plan in place as required

FINDING	FOLLOW ON ACTION

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**WORKPLACE HAZARDS DISCUSSED**

 <b>Major Accident</b> <input type="checkbox"/>	 <b>Pressure</b> <input type="checkbox"/>	 <b>Temperature</b> <input type="checkbox"/>	 <b>Mechanical</b> <input type="checkbox"/>	 <b>Electrical</b> <input type="checkbox"/>
 <b>Gravity</b> <input type="checkbox"/>	 <b>Motion</b> <input type="checkbox"/>	 <b>Sound</b> <input type="checkbox"/>	 <b>Chemical</b> <input type="checkbox"/>	 <b>Biological</b> <input type="checkbox"/>
 <b>Radiation</b> <input type="checkbox"/>	 <b>Environment</b> <input type="checkbox"/>	 <b>Safety Systems</b> <input type="checkbox"/>	 <b>Human Factors</b> <input type="checkbox"/>	<b>Other</b>

**SUPERVISOR REVIEW:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: