



Header

Submission ID	192896	Submission Date	2024-03-21 08:07:48
Form Created Date	2024-03-21 08:07:32	Date	2024-03-16
Submitted By	Sofvie, Support	Supervisor	Sofvie, Support
Site	Anmar	Department/Job	TG222069
Area/Level	Surface	Workplace	Crusher
Shift	Days		

Pre-Task Assessment

Assigned Tasks to be Performed	Review any lessons learned from previous similar tasks or incidents
Workplace Score	1
Job Definition Score	2
Experience Score	1

Worst Case Scenario

List the worst thing that can happen to you or your coworkers at your workplace	Cave-ins or collapses in underground mines
What are you doing about it?	Promoting a strong safety culture and encouraging reporting of potential hazards

Safety Checks

Why are you BEING SAFE?	Proper storage and labeling of hazardous materials
Is the travelway in good order?	Yes
Is the housekeeping in good order?	No
Is the ventilation in good order? (Condition, Volume, Quality)	Yes
Is dust control in good order?	Yes
Are ground conditions in good order?	N/A
Are communication tools in good order? (radio, telephone etc.)	No
Are the signs and barricades in good order?	N/A
Are your hand tools in good order?	No
Do you require/have locks and tags?	Yes
Do you have the proper PPE?	Yes
Do you have a hot work permit?	No
Do you have the SDS for the chemicals you are using?	No
Will you be working at heights and require a rescue plan? Or do you require a travel restraint?	Yes
Are you registered for Working Alone?	No
Do you have the prints, procedures or risk assessments for your work?	
Have you communicated with the mobile equipment operators in the area?	No
Comments	Monitoring and controlling the cyanide leaching process in the processing plant.
I am committed to working safety!	Yes
Supervisor Comments	Appreciate the team's focus on safety and adherence to protocols.

Workplace Conditions

Start State Details

Equipment readiness: Operational

Start State Pictures of the Workplace

2024-03-21 08:07:40



2024-03-21 08:07:40



End State Details

Shift end time: 03:30 PM

End State Pictures of the Workplace

2024-03-21 08:07:43



2024-03-21 08:07:43



Signatures

Supervisor Signature	Manager Signature	Other Signature
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No Data Available

Review

End of Shift Review

2024-03-21 08:07:48



Report Distribution

Distribution	support@sofvie.com
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Reviewers

Name	Position	Date
No Data Available		