



Header

Submission ID	194305	Submission Date	2024-09-10 10:49:33
Form Created Date	2024-09-10 10:47:37	Date	2024-09-10
Submitted By	Lachapelle, Rob-Admin	Supervisor	Lachapelle, Rob-Admin
Site	Creighton Mine	Department/Job	TG222074
Area/Level	Ramp	Workplace	Testing PD-2734
Shift	Days		

Pre-Task Assessment

Assigned Tasks to be Performed	Testing PD-2734
Workplace Score	2
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	Testing PD-2734
What are you doing about it?	Testing PD-2734

Safety Checks

Why are you BEING SAFE?	Testing PD-2734
Is the travelway in good order?	Yes
Is the housekeeping in good order?	N/A
Is the ventilation in good order? (Condition, Volume, Quality)	Yes
Is dust control in good order?	No
Are ground conditions in good order?	N/A
Are communication tools in good order? (radio, telephone etc.)	Yes
Are the signs and barricades in good order?	Yes
Are your hand tools in good order?	No
Do you require/have locks and tags?	N/A
Do you have the proper PPE?	N/A
Do you have a hot work permit?	Yes
Do you have the SDS for the chemicals you are using?	Yes
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	Testing PD-2734
I am committed to working safety!	Yes
Supervisor Comments	Testing PD-2734

Workplace Conditions

Start State Details
Testing PD-2734

Start State Pictures of the Workplace
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2023-10-27 16:42:00

2022-05-06 07:13:19



End State Details
Testing PD-2734

End State Pictures of the Workplace
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2022-10-27 14:50:03



2023-09-13 07:42:31



Signatures

Supervisor Signature	Manager Signature	Other Signature
2024-09-10 10:49:33	2024-09-10 10:49:33	2024-09-10 10:49:33
SS	SG	AS

Review

End of Shift Review	No Data Available
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Context

Comment	By Who	Position	Created Date	Modified Date
No Data Available				

Report Distribution

Distribution	No Data Available
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Reviewers

Name	Position	Date
No Data Available		