

Risks before work (RIA) - checklist

For information about the form, see "Risker innan arbete – interna regler", dok id 676349. Not translated! **SSAB Oxelösund is responsible for co-ordination of all contractors' works. Duties concerning responsibility for contractor co-ordination are handled by the SSAB contractor co-ordinator (called SAMO). Document handed over to SSAB's issuer for record-keeping when the work is completed!**

Work area/object: _____	AO-nr: _____
Extent of the work: _____	
Valid: from _____ to _____ (max validity 24 hours if nothing else specified)	
Work periods: _____	
Co-ordinator (SAMO) name: _____	<input type="checkbox"/> Not applicable
Co-ordinator (SAMO) phone: _____	
Replacement co-ordinator (SAMO) name: _____	<input type="checkbox"/> Not applicable
Replacement co-ordinator (SAMO) phone: _____	

Contractor has local safety introduction (including general part) Entré (SSG)
If required training has not been given introduction must be carried out before work can be started!

Risks and decision about preventative actions

Risk	Yes	No	If "yes"; preventative actions and responsible
Trapping, cutting, crushing	<input type="checkbox"/>	<input type="checkbox"/>	
Fragmenting, splashing, falling objects	<input type="checkbox"/>	<input type="checkbox"/>	
Fall to lower/same level	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity/radioactive radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Heat/cold (fire, explosion)	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure (gas, chemicals, dust)	<input type="checkbox"/>	<input type="checkbox"/>	At plant with gases, contact local manager for flammable items ("föreståndare brandfarlig vara")
Suffocation/drowning/work in closed space	<input type="checkbox"/>	<input type="checkbox"/>	If yes; use checklist for "Arbete I slutet utrymme"
Ergonomic load/solitary work	<input type="checkbox"/>	<input type="checkbox"/>	
Interactivity with other works	<input type="checkbox"/>	<input type="checkbox"/>	
Other/nearby risks, change of shift	<input type="checkbox"/>	<input type="checkbox"/>	
Hoist with travelling crane (if safe hoisting with fixed equipment is not possible portable crane must be used)	<input type="checkbox"/>	<input type="checkbox"/>	
Risk for explosion			If yes; don't use RIA! Use "Arbetsstillstånd explosionsfarlig miljö" according to separate template.

- Hot work will be carried out. *If yes; permission might be required, see special routine document identity 31415.*
- External personnel have valid operator license (for truck, crane, sky lift, mobile platform). Not applicable
- MUST BE SHOWN!**
- Work will be carried out near a rail track Locomotive driver has been contacted (tel 0155-254127)
- Plant is locked out, tagged and secured Verified Not applicable
- Personnel have a gas alarm Not applicable Work in or nearby plant with gases

Contractor (company or main contractor): _____	
Number of persons: _____	
Contact person for contractor	Name: _____ Tel: _____
Issuer SSAB:	Name: _____ Tel: _____

Have together visited the work place <input type="checkbox"/>
Date _____
Sign performer _____
Sign issuer SSAB _____

Work finished and work place cleaned up <input type="checkbox"/>
Date _____
Sign performer _____
Sign issuer SSAB _____