

## 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			<b>If yes; don't use RIA!</b> Use "Arbetstillstånd 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: _____

Signature due to visiting work place before and after work should be executed by performer and issuer together.

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	_____