



<b>Title:</b> <b>Risk Level:</b> <b>Document Number:</b>	<b>Create Date:</b> <b>Vessel:</b>
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### Personal Protective Equipment Required

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chemical Protective Clothing | <input type="checkbox"/> Hard Hat           | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Safety Harness               | <input type="checkbox"/> Multi-gas Detector | <input type="checkbox"/> Radio             |
| <input type="checkbox"/> Flashlight                   | <input type="checkbox"/> SCBA/Escapes Packs | <input type="checkbox"/> Safety Line       |
| <input type="checkbox"/> Eye Protection               | <i>What kind?</i>                           |  |
| <input type="checkbox"/> Respirators                  | <i>What kind?</i>                           |  |
| <input type="checkbox"/> Gloves                       | <i>What kind?</i>                           |  |
| <input type="checkbox"/> Boots                        | <i>What kind?</i>                           |  |
| <input type="checkbox"/> Other:                       |   |  |

### Permits Required

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Working Aloft/Over the side | <input type="checkbox"/> Enclosed Space              | <input type="checkbox"/> High Voltage         | <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Lockout/Tagout              | <input type="checkbox"/> Electrical Shore Connection | <input type="checkbox"/> Limitation of Access |                                   |

Signature of work crew*	Reviewed*	Reviewed*	Reviewed*	Reviewed*	Reviewed*	Reviewed*	Reviewed*	Reviewed*
	Date	Date	Date	Date	Date	Date	Date	Date
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials

\* I have read, discussed and reviewed the JHA with the Senior Supervisor

First time performing this type of job at ATC *(see senior supervisor for orientation training prior to start)*

Share with Fleet

Common Low Risk Job (CLR) *Expiration Date:*

Submit this form as proposed template to supervisor

### Signature of Senior Supervisor

**ATTENTION!** An approved JHA template was NOT used to create this JHA. This JHA requires a critical review by the Senior Supervisor before work is allowed to commence.



## Signature of Master or Chief Engineer

(Approval/Signature only required for common low risk JHA's; also, all inherent risks of the job must be **"LOW"** in order to qualify for CLR approval)

Approved Date:

Expiration Date:

## Required or recommended tools or materials

Sequence of detailed job steps on attached work card or similar document.

(Note: All hazards must be listed below from the attached procedure plus on-site hazards.)

**Are any of the following conditions met? If so, conduct a risk assessment for each job step using the risk-rank matrix (PR 719). (A JHA/Risk Assessment Guidance document is available in the ASAP e-Library.)**

A Work permit is required (PR 774)

Initial start-up of new equipment installed aboard

A unique job that is significantly hazardous in nature

Category 'A' Critical equipment failure repair

Physically impossible to comply fully with the requirements of a stated working procedure, safeguard or with another recognized source of guidance, regulation or legislation

Anytime a senior supervisor feels it's necessary

## Contingency plan:

## Description:

Sequence of job steps	Potential hazards/Hazard effects	Recommended action/Procedure to mitigate hazard
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