

SAPREF Business Management System

Originator : D Radebe
Doc Controller : M. Francis

Level : 2
Doc ID : HSSE.CL.0050

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Please check the controlled version on the SAPREF Web. This page was opened on: Thursday, October 16, 2025

High Risk Work Activity Assurance Check Sheet

Note: You are expected to do assurance on one of the activities below.

Completed forms to be e-mailed to zzLOD2 Assurance Walk

Confined Space Entry – Equipment number:Zone..... Date.....			
Participants:			
Barrier/Control	Verified	Missing	Comment
1. Isolation in place as per isolation list and spade list in the field with tags.			
2. Gas test done 2hours before entry, results are within range and gas test register updated with correct times.			
3. If ventilation is required, it is in place and functioning unless waived			
4. Use of 4 gas monitors as per CSE certificate.			
5. All entrants badges with standby and they are wearing rescue equipment if required in rescue plan			
6. Do we have a dedicated safety stand by at each entry point?			
7. Does the standby understand his / her role and have yellow card?			
Open Flame Hot Work – Area.....Date.....			
Participants.....			
Barrier/Control	Verified	Missing	Comment
1. Gas test was conducted within 2 hours of the activity, results are within range and documented.			
2. Non-combustible covers used to contain sparks and combustible materials in the area have been removed.			
3. Sewers/Drains sealed by non-combustible drain seals			
4. Approved, charged fire extinguisher within expiration date and charged water hose on site?			
5. Are all signatures in the cocoon check list for the day?			

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Working at Height – Area:.....Date.....			
Participants:.....			
Barrier/Control	Verified	Missing	Comment
1. If tools, equipment or other objects will be used while working at height and an exposure exists, methods to prevent dropped objects are in place. (e.g. fencing, fire blanket, tool lanyards, barricades, fish buckets)			
2. When work is being performed on scaffolding, is the scaffold tag inspection up to date for the shift?			
3. Scaffolding must be installed with fully secured boarding to prevent the dropping of items between floorboards			
4. No material on the edges or no full fish buckets?			
5. Rope access with double safety lines and safety standby (level 3 available)			
6. Has any SAPREF HSSE signed on documents?			
Lifting and Hoisting – Area:.....Date.....			
Participants:.....			
Barrier/Control	Verified	Missing	Comment
1. Non-certified fabricated or modified lifting and hoisting equipment was not used.			
2. Lifting and Hoisting equipment was inspected prior to use; inspections were documented with correct colour coding.			
3. Lifting and Hoisting work was conducted by competent persons			
4. Barricades are in place to restrict access and prevent people walking under suspended loads			
5. Confirm crane's daily inspection checklist and hoisting equipment inspections are completed and are ready to use.			

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6. Confirm crane operator and signal personnel can describe method of communication for the lift. Hand signal or Radio			
7. Is there a lift plan in place signed by SAPREF L&H person?			
High Pressure Water Jetting/Cutting – Area:.....Date.....			
Participants:.....			
Barrier/Control	Verified	Missing	Comment
1. Is the housekeeping in the area acceptable?			
2. Are warning sign boards displayed?			
3. Is the area barricaded using bunting?			
4. Has Gas test been conducted?			
5. Is the correct PPE worn by the Operator; as below? PPE Requirements: <ul style="list-style-type: none"> Full Water Armour TST Suit. Steel toe gumboots and aluminum foot guards. Hard hat Face shield and Safety glasses/ Goggles (to ensure double protection) PVC Sapref approved Cut Resistant PVC gloves Rain suit (PVC) Hearing protection (SAPREF approved) Respiratory protection may be required. The specific type depends on the potential jetting mist hazard and its composition. 			
6. Is the area and equipment to be worked on stipulated on the Risk			

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Assessed Method statement and Clearance?			
7. Is the daily Hydro-jetting activity checklist completed by Supervisor?			
8. Are equipment daily inspection Checklists completed signed by Supervisor and Operator.			
9. Is the Supervision present during High Risk Hydro-jetting activity?			
10. Are valid pressure test certificate available for all HP hoses?			
11. Are fuel driven equipment inspected by SAPREF Emergency Services (EMS) – evidence:EMS sticker?			
12. Are pressure hoses fitted with double hose restrainers?			

Comments, Positive Feedback, Escalate, Help Required, Good Practice to Share

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References (Records, Internal/External References)

Record/Doc. ID	Title
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