











































# HAZARD IDENTIFICATION & RISK ANALYSES (HIRA LITE)

## 1. DESCRIPTION OF THE WORK / TASK

Date:	Start Time:	Expected term:	Enterprise:
Facility / Work Area:			
Description of the work:			

## 2. HAZARD RECOGNITION AND ACTION TAKEN

HAZARD IDENTIFICATION	YES	PREVENTIVE MEASURES
  <p>1. Falls at different level (Working at Height)</p>	<input type="checkbox"/>	<input type="checkbox"/> LIFTING PLATFORM <input type="checkbox"/> SCAFFOLD <input type="checkbox"/> LIFELINE <input type="checkbox"/> REVISION TAG OK / NOT SUITABLE <input type="checkbox"/> HARNESS <input type="checkbox"/> HARNESS WITH DOUBLE LANYARD <input type="checkbox"/> LADDER <input type="checkbox"/> HOLLOW / TRENCHES PROTECTION <input type="checkbox"/> DELIMITATION AREA/SIGNALIZATION <input type="checkbox"/> LANYARDS OF HARNESS OUT OF THE OPERATING RANGE OF MACHINERY <input type="checkbox"/> OTHERS (specify):
  <p>2. Falls at same level</p>	<input type="checkbox"/>	<input type="checkbox"/> HOUSEKEEPING <input type="checkbox"/> ABSORBENT MATERIAL FOR SPILLAGES <input type="checkbox"/> COVERS/CANALIZATION <input type="checkbox"/> ADDITIONAL LIGHTING <input type="checkbox"/> OTHERS (specify):
  <p>3. Blows and cuts with objects and tools</p>	<input type="checkbox"/>	<input type="checkbox"/> TOOLS IN GOOD CONDITION <input type="checkbox"/> PROPER USE <input type="checkbox"/> PPE (PROTECTIVE PERSONAL EQUIPMENT) <input type="checkbox"/> ADDITIONAL LIGHTING <input type="checkbox"/> OTHERS (specify):
  <p>4. Hit by vehicles (including Rail)</p>	<input type="checkbox"/>	<input type="checkbox"/> DELIMITATION OF WORKING AND TRANSIT <input type="checkbox"/> USE OF CHOCKS <input type="checkbox"/> SIGNALIZATION <input type="checkbox"/> REFLECTING CLOTHES <input type="checkbox"/> WATCHMAN <input type="checkbox"/> ISOLATION RAIL TRUCK(N-GP006). <input type="checkbox"/> CLAMP LOCK POINT <input type="checkbox"/> CHOCKS / DERAILS <input type="checkbox"/> SHUNTER <input type="checkbox"/> OTHERS (specify):
  <p>5. Falls of material / objects upper bounds (collapsed objects, falling objects...)</p>	<input type="checkbox"/>	<input type="checkbox"/> DELIMITATION AREA/SIGNALIZATION <input type="checkbox"/> PROTECTION NET <input type="checkbox"/> PPE <input type="checkbox"/> OTHERS (specify):
  <p>6. Trapping / Crushing, collapses working with suspended loads</p>	<input type="checkbox"/>	<input type="checkbox"/> DELIMITATION AREA/SIGNALIZATION <input type="checkbox"/> LIFTING ACCESORIES IN GOOD CONDITION <input type="checkbox"/> LIFTING ACCESORIES ADEQUATED TO THE WEIGHT OF THE LOAD <input type="checkbox"/> SPACERS ITEMS (STICKS, GUIDE STRINGS...) <input type="checkbox"/> DEFINED RESPONSIBLE OF THE MANEUVERE <input type="checkbox"/> PERSONNEL CLEAR WHILE THE LOAD IS IN MOTION <input type="checkbox"/> RESPECT <input type="checkbox"/> OTHERS (specify):
  <p>7. Trapping / Crushing by mechanical movements.</p>	<input type="checkbox"/>	<input type="checkbox"/> ISOLATION OF THE EQUIPMENT/ITEM <input type="checkbox"/> CHECK ABSENCE OF ENERGY <input type="checkbox"/> BEFORE STARTING CHECK, COMMUNICATE AND CONFIRM <input type="checkbox"/> SAFETY LOCKS <input type="checkbox"/> CHECK LANYARD(S) OF HARNESS CAN'T BE HOOKED WITH EQUIPMENTS IN MOTION AND CONNECT THEM OUT OF THE OPERATING RANGE <input type="checkbox"/> OTHERS (specify):
  <p>8. Trapping / Crushing for being exposed to mechanical elements in unstable position (potential energy) or under pressure (springs, springs)</p>	<input type="checkbox"/>	<input type="checkbox"/> ISOLATION OF THE EQUIPMENT/ITEM <input type="checkbox"/> CHECK ABSENCE OF ENERGY <input type="checkbox"/> ISOLATION MECHANICAL PINS <input type="checkbox"/> SAFETY LOCKS <input type="checkbox"/> OTHERS (specify):
  <p>9. Dust, projections or splashing fragments / particles.</p>	<input type="checkbox"/>	<input type="checkbox"/> HARVEST DUST SYSTEM <input type="checkbox"/> GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> DUST MASK (specify protection level FFP1/ FFP2 / FFP3) <input type="checkbox"/> IRRIGATION OF THE WORKING <input type="checkbox"/> OTHERS (specify): <input type="checkbox"/> SAFETY LOCKS
  <p>10. Projections or splashes of fluids under pressure</p>	<input type="checkbox"/>	<input type="checkbox"/> USE OF WHIP CHECK CABLE <input type="checkbox"/> PPE <input type="checkbox"/> OTHERS (specify):
  <p>11. Thermal contacts : hot elements, hot material, hot facilities (ovens, slabs, refractory ....)</p>	<input type="checkbox"/>	<input type="checkbox"/> PPE <input type="checkbox"/> COLLECTIVE PROTECTIVE SCREEN <input type="checkbox"/> MANUAL PYROMETER <input type="checkbox"/> OTHERS (specify):
  <p>12. Electrical contacts</p>	<input type="checkbox"/>	<input type="checkbox"/> ISOLATION OF THE EQUIPMENT/ITEM <input type="checkbox"/> CHECK ABSENCE OF ENERGY <input type="checkbox"/> CARPET FOR ISOLATION <input type="checkbox"/> STICK / POLE FOR ISOLATION <input type="checkbox"/> SPECIFIC PPE FOR ELECTRICAL RISK <input type="checkbox"/> SAFETY LOCKS <input type="checkbox"/> OTHERS (specify):
  <p>13. Chemicals</p>	<input type="checkbox"/>	<input type="checkbox"/> PPE SUITABLE SAFETY DATA <input type="checkbox"/> SAFETY DATA SHEET <input type="checkbox"/> EYEWASHER <input type="checkbox"/> ABSORBENT MATERIAL FOR SPILLAGES <input type="checkbox"/> OTHERS (specify):
  <p>14. Fire / Explosion</p>	<input type="checkbox"/>	<input type="checkbox"/> FIRE PERMIT <input type="checkbox"/> LIMIT ACCESS <input type="checkbox"/> EXPLOSIVE DETECTOR <input type="checkbox"/> FLAMEPROOF TOOLS <input type="checkbox"/> EXTINGUISHER <input type="checkbox"/> SPARKS PROTECTION (fireproof rug or similar) <input type="checkbox"/> OTHERS (specify):
  <p>15. Intoxication / Asphyxia (gas hazardous areas)</p>	<input type="checkbox"/>	<input type="checkbox"/> GAS DETECTOR (SORT _____) <input type="checkbox"/> SELF CONTAINED BREATHING APPARATUS (SCBA) <input type="checkbox"/> BREATHING AIRLINE <input type="checkbox"/> ESCAPE RESPIRATORS / SELF RESCUERS <input type="checkbox"/> OTHERS (specify):
  <p>16. Confined Spaces</p>	<input type="checkbox"/>	<input type="checkbox"/> PREVIOUS CHECK LIST <input type="checkbox"/> GAS DETECTOR (SORT _____) <input type="checkbox"/> BREATHING PROTECTION / SELF CONTAINED BREATHING APPARATUS (SCBA) / ESCAPE RESPIRATORS / SELF RESCUERS / BREATHING AIRLINE <input type="checkbox"/> SAFETY WORK PROCEDURE/HAT <input type="checkbox"/> WATCHMAN <input type="checkbox"/> OTHERS (specify):
  <p>17. Radiation, Biological agents</p>	<input type="checkbox"/>	<input type="checkbox"/> ISOLATION RADIOACTIVE SOURCE <input type="checkbox"/> DOSIMETER <input type="checkbox"/> COMMUNICATION RADIOACTIVE SOURCES DPT. <input type="checkbox"/> DELIMITATION AREA <input type="checkbox"/> MASK FFP3 <input type="checkbox"/> OTHERS (specify):
  <p>18. Over-efforts</p>	<input type="checkbox"/>	<input type="checkbox"/> EQUIPOS DE TRANSPORTE DE MATERIALES <input type="checkbox"/> BREAKS <input type="checkbox"/> JOB ROTATION <input type="checkbox"/> OTHERS (specify):
  <p>19. Noise</p>	<input type="checkbox"/>	<input type="checkbox"/> HEARING PROTECTION <input type="checkbox"/> COLLECTIVE PROTECTION <input type="checkbox"/> OTHERS (specify):
  <p>20. Extreme temperatures (Hot, Cold)</p>	<input type="checkbox"/>	<input type="checkbox"/> BREAKS <input type="checkbox"/> JOB ROTATION <input type="checkbox"/> HYDRATION <input type="checkbox"/> PPE <input type="checkbox"/> OTHERS (specify):

HAZARD IDENTIFICATION	PREVENTIVE MEASURES	
21. Others: Biological agent (Coronavirus - COVID 19)  	<b>1. Info COVID-19:</b> <input type="checkbox"/> Workforce informed about contingency plan of the company <b>2. Personal Hygiene:</b> <input type="checkbox"/> Water and soap or substitutes <input type="checkbox"/> Others..... <b>3. If can't keep social distance of safety (&lt;2m):</b> <input type="checkbox"/> Organization, shifts, separation,... <input type="checkbox"/> Marks, Signalization, Physical barriers,... <input type="checkbox"/> Personal protection (face screen/mask...) <b>4. Shared working equipment:</b> <input type="checkbox"/> Cleanliness/disinfection <input type="checkbox"/> Film <input type="checkbox"/> Others..... <b>5. Others:</b> .....	
22. Others		

PROTECTIVE PERSONAL EQUIPMENT	YES	N.A
1.- BOOTS		
2.- HELMET		
3.- GOGGLES		
4.- PROTECTIVE SCREEN		
5.- GLOVES		
6.- FIREPROOF CLOTHES		
7.- CLOTHES WITH CHEMICAL PROTECTION		
8.- REFLECTING CLOTHES		
9.- MASK WITH FILTERS (mark the type A-B-E-K)		
10.- DUST MASK ( mark the type FFP1/ FFP2 / FFP3)		
11.- WELDING SCREEN		

PROTECTIVE PERSONAL EQUIPMENT	YES	N.A
12.- WELDING CLOTHES		
13.- HEARING PROTECTION		
14.-SELF CONTAINED BREATHING APPARATUS 8SCBA)		
15.- ESCAPE RESPIRATORS / SELF RESCUERS		
16.- HARNESS		
17.- OTHERS (SPECIFY)		



### 3. WORKING PERMITS AND/OR AUTHORIZATIONS:

Authorization for working in ArcelorMittal Asturias Facilities (N-GP-008)  
 Fire Permit (E-GP-026)  
 Check List previous for Confined Spaces (G-GP-049)  
 Authorization for rail works (N-GP-006)  
 Isolation (N-GP-001):  Isolation List  List of checks  
 Get out of service installations against fire (G-GP-033)  
 Coordination Check List for mobile cranes maneuvers (G-GP-005)

### 4. ANALYSIS OF SURROUNDINGS / INTERFERENCES (proposal of coordination measures):

Companies / Organizations that concur in the same area of work: Own Staff of ArcelorMittal, Other Companies  YES  NO

Are there any condition in the surrounding area that avoid the development of the work in the way planned? (HAT, SOP, HIRA,Risk Assesment, Safety Plan,...)  YES  NO

COORDINATION PROTOCOL (N-GP-008)  AVOID CONCURRENCE OF ACTIVITIES / WORKS  
 PROTECTION OR PHYSICAL SEPARATION  COMMUNICATION/WARNINGS BETWEEN  
 SURVEILLANCE, WATCHMAN  OTHERS (SPECIFY):  
 NOTIFY TEAM LEADER OF CONTRACTOR OR FOREMAN OF THE FACILITY

### 5. SAFETY CHAT AFTER THE WORK (If there is not enough space, please attach other document)

Is it necessary a SAFETY CHAT AFTER THE WORK\*\*?  YES  NO  
 \*\*It's mandatory if there is an accident / incident or if steps defined in the safety chat previous the work are not followed.

DID YOU FOLLOW THE PREVENTIVE MEASURES DEFINED?  YES  NO ⇒ ¿WHY NO?

WERE THERE ENOUGH?  YES  NO ⇒ REASONS

ARE SOME CHANGES PROPOSED?  NO  YES ⇒ PROPOSALS

IS IT NECESSARY DO OR MODIFY THE SOP?  NO  YES ⇒ PROPOSALS

### 6. SAFETY CHAT PREVIOUS / AFTER THE WORK

PREVIOUS	AFTER	NAME & SURNAME	SIGNATURE	PREVIOUS	AFTER	NAME & SURNAME	SIGNATURE
TEAM LEADER			SIGNATURE	TEAM LEADER			SIGNATURE