

Completed Take Fives - Individual Forms - from 09-Feb-2019 to 09-Feb-2019

User Name	Form Name	Form Version	Location	Completion Date
Anonymous	Take Five 2	1.0.0	78.223200, 15.626700	09-Feb-2019 11:13:34

Form Data	
Prompt	Response
Date:	09-Feb-2019 10:52:36
Completed by:	Anonymous
What is the task ?	Closing valve XV1234.
Am I fit (consider stress, time pressure, distractions, high work load)?	Yes
Is this task different, infrequent, or 1st time?	No
Correct tools/ PPE for the task?	Yes
Have I communicated with the area?	Yes
Are all hazardous energies isolated?	Yes
Will I be in the line of fire?	No
Am I overconfident about the task?	No
Is it my 1st day back after a break or end of shift?	Yes
Is the work guidance vague or poor for the task?	No
Can my hands or fingers get hurt?	No
Are there critical risk/s associated with the task? If yes complete CCC/s.	No
Could I sprain/strain a part of my body?	No
Are there any hazards; Above?	No
Are there any hazards; Below?	Yes
Are there any hazards; Behind?	Yes
Are there any hazards; Inside?	No
Hazards (what could hurt me?) 1	Gaps in grating.
Controls (what will protect me?) 1	Awareness.
Hazards (what could hurt me?) 2	Residual caustic.
Controls (what will protect me?) 2	PPE. In particular gloves.
Hazards (what could hurt me?) 3	
Controls (what will protect me?) 3	
Hazards (what could hurt me?) 4	
Controls (what will protect me?) 4	
Hazards (what could hurt me?) 5	
Controls (what will protect me?) 5	
Hazards (what could hurt me?) 6	
Controls (what will protect me?) 6	
Hazards (what could hurt me?) 7	
Controls (what will protect me?) 7	
Hazards (what could hurt me?) 8	
Controls (what will protect me?) 8	



Take Five

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hello@t5app.com

Date:	Completed by:	
09-Feb-2019 10:52:36	Anonymous	
What is the task ?		
Closing valve XV1234.		
	Yes	No
Am I fit (consider stress, time pressure, distractions, high work load)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is this task different, infrequent, or 1st time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Correct tools/ PPE for the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have I communicated with the area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all hazardous energies isolated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will I be in the line of fire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Am I overconfident about the task?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is it my 1st day back after a break or end of shift?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the work guidance vague or poor for the task?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can my hands or fingers get hurt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there critical risk/s associated with the task? If yes complete CCC/s.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could I sprain/strain a part of my body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Are there any hazards;			
Above?	Below?	Behind?	Inside?
Yes <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
No <input checked="" type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Hazards (what could hurt me?)		Controls (what will protect me?)	
Gaps in grating.		Awareness.	
Residual caustic.		PPE. In particular gloves.	



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User Name	Form Name	Form Version	Location	Completion Date
Anonymous	Take Five 3	1.0.0	78.223200, 15.626700	09-Feb-2019 11:13:34

Form Data	
Prompt	Response
Date:	09-Feb-2019 10:50:33
Completed by:	Anonymous
What is the task?	Change conveyer rollers
Do I understand the task?	Yes
Am I wearing the correct PPE?	Yes
Do I have the skills to do the task?	Yes
Pre-start on plant complete?	Yes
Equipment locked out / isolated?	Yes
Is a permit to work required?	No
Are tools right for the job?	Yes
Are tools in a safe working condition?	Yes
Is anyone working above or below?	Yes
Can I fall from heights?	No
Could my task hurt others?	Yes
Have items with 'red' responses been controlled?	Yes
Could I be exposed to noise?	No
Could I be exposed to hazardous substances?	No
Could I be exposed to moving traffic?	No
Could I be exposed to dust, gas, or fumes?	No
Could I be exposed to working with suspended loads?	No
Could I be exposed to vibration or radiation?	No
Could I be exposed to extreme temperatures (hot / cold)?	No
Have all exposures that were identified been controlled?	Yes
Note 1	Risk to others when changing rollers out at height. Communicate with others in the area. Barricade the area.
Note 2	Think about each step before starting task. Keep eyes on the task. Be aware of pinch points.
Note 3	
Note 4	
Note 5	
Note 6	



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Date:	Completed by:
09-Feb-2019 10:50:33	Anonymous

What is the task ?

Change conveyer rollers

#	Work cannot start until a yes or n/a answer is given for 1 to 5	Yes	No
1	Do I understand the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Am I wearing the correct PPE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Do I have the skills to do the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Pre-start on plant complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Equipment locked out / isolated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



#	Do any of the following apply?	Yes	No
1	Is a permit to work required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are tools right for the job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Are tools in a safe working condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Is anyone working above or below?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Can I fall from heights?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Could my task hurt others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have items with 'red' responses been controlled?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>



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#	Could I be exposed to any of the following?	Yes	No
1	Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Hazardous substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Moving traffic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Dust, gas, or fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Working with suspended loads	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Vibration or radiation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Extreme temperatures (hot / cold)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all exposures that were identified been controlled?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	



Notes
Risk to others when changing rollers out at height. Communicate with others in the area. Barricade the area.
Think about each step before starting task. Keep eyes on the task. Be aware of pinch points.



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Form Data	
Prompt	Response
Date:	09-Feb-2019 10:52:36
Completed by:	Anonymous
What is the task?	Isolate equipment for maintenance overhaul.
Am I fit and ready to do this task?	Yes
Is there anything new or different?	No
Am I using the right tools / PPE for the task?	Yes
Have I communicated with area personnel?	Yes
Are all hazardous energies isolated?	Yes
Will any part of my body be in the line of fire?	No
Will the task involve an awkward posture, forceful exertion, repetition or vibration?	No
Does this task have one or more CRM critical risks associated with it? Refer to the CRM Critical Risk Index. If 'Yes' a CCC must be completed ahead of the task.	No
What tools will I use? Stress	Yes
Error traps for this task. Stress	Heat. Heavy tools.
What tools will I use? High work load	Yes
Error traps for this task. High work load	Forward planning of tasks.
What tools will I use? Time pressure	Yes
Error traps for this task. Time pressure	Do one job at a time. Follow the plan.
What tools will I use? Poor Communications	No
Error traps for this task. Poor Communications	
What tools will I use? Vague or poor work guidance	No
Error traps for this task. Vague or poor work guidance	
What tools will I use? Overconfidence	No
Error traps for this task. Overconfidence	
What tools will I use? Infrequent or first time task	Yes
Error traps for this task. Infrequent or first time task	Review each SWI prior to performing the task.
What tools will I use? Distractions	Yes
Error traps for this task. Distractions	Being called for breakdowns.
What tools will I use? First day following more than 4 days off	No
Error traps for this task. First day following more than 4 days off	
What tools will I use? End of a shift or work cycle	No
Error traps for this task. End of a shift or work cycle	
What could go wrong? (hazards) 1	
What could go wrong? (hazards) 2	
What could go wrong? (hazards) 3	
What could go wrong? (hazards) 4	
What could go wrong? (hazards) 5	
What are the counter measures? (controls) 1	
What are the counter measures? (controls) 2	



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What are the counter measures? (controls) 3	
What are the counter measures? (controls) 4	
What are the counter measures? (controls) 5	
What is the worst thing that could happen?	
What are the critical steps for this task? 1	
What are the critical steps for this task? 2	
What are the critical steps for this task? 3	
Under what conditions should I/we STOP this task?	
Review of the Task. Any issues identified?	
Review of the Task. Any docs to be written or updated?	
Review of the Task. Any lessons learned?	
Note 1	The weather is very hot and humid.
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	



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Incorporating CRM and HP

Date:	Completed by:
09-Feb-2019 10:52:36	Anonymous

What is the task ?

Isolate equipment for maintenance overhaul.

#	Focus	Yes	No
1	Am I fit and ready to do this task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is there anything new or different?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Am I using the right tools / PPE for the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Have I communicated with area personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Are all hazardous energies isolated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Will any part of my body be in the line of fire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Will the task involve an awkward posture, forceful exertion, repetition or vibration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Incorporating CRM and HP

Critical Risk Management

Does this task have one or more CRM critical risks associated with it? Refer to the CRM Critical Risk Index. If 'Yes' a CCC must be completed ahead of the task.

Yes No

**Human Performance-
What Performance Mode am I in?**

Skills Base (1:1000)	Rule Base (1:100)	Knowledge Base (1:10)
Am I competent and have I completed this task 50-100 times successfully?	What is the rule for the task and have I reviewed it?	Stop and Seek Help
Error Traps for this task	<input checked="" type="checkbox"/>	What tools will I use?
Stress	<input checked="" type="checkbox"/>	Heat. Heavy tools.
High work load	<input checked="" type="checkbox"/>	Forward planning of tasks.
Time pressure	<input checked="" type="checkbox"/>	Do one job at a time. Follow the plan.
Poor communications	<input type="checkbox"/>	
Vague or poor work guidance	<input type="checkbox"/>	
Overconfidence	<input type="checkbox"/>	
Infrequent or first time task	<input checked="" type="checkbox"/>	Review each SWI prior to performing the task.
Distractions	<input checked="" type="checkbox"/>	Being called for breakdowns.
First day following more than 4 days off	<input type="checkbox"/>	
End of a shift or work cycle	<input type="checkbox"/>	



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Incorporating CRM and HP

What could go wrong? (hazards)

1	
2	
3	
4	
5	

What are the counter measures? (controls)

1	
2	
3	
4	
5	



Incorporating CRM and HP

What is the worst thing that could happen?
(i.e maximum reasonable consequence to people, equipment or environment)

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What are the critical steps for this task?

1	
2	
3	

Under what conditions should I/we STOP this task?
(Use your 6 senses and remember OOPPPS)

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Review of the Task

Review Questions - Opportunity to share and improve

1	Any issues identified?	
2	Any docs to be written or updated?	
3	Any lessons learned?	



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Notes

The weather is very hot and humid.

