

## THENJIWE SUPPLIES & REPAIRS

Reference Number	TSR/PTO/001	<b>PLANNED TASK OBSERVATION</b>	 <b>THENJIWE</b> <small>SUPPLIES &amp; REPAIRS</small>
Implementation Date	03.12.2018		
Revision / Amendment Number	0		
Revision / Amendment Date	03.12.2018		

**SITE NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location of Observation:** \_\_\_\_\_

**Observer/s :**

<b>Name</b>		<b>Signature:</b>	
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<b>Own Employees</b>	<b>Yes</b>	<b>No</b>	<b>Contractor</b>	<b>Yes</b>	<b>No</b>	<b>Contractor Company (Name):</b>
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**Person/s Observed**

Name:	Surname	Signature:	Name:	Surname	Signature:
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Name:	Surname :	Signature	Name:	Surname	Signature
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<b>Related Fatal Hazards</b>	<input type="checkbox"/> Strata Control <input type="checkbox"/> Fire and Explosions <input type="checkbox"/> Mobile Equipment <input type="checkbox"/> Inrush and Outburst	<input type="checkbox"/> Inappropriate emergency <input type="checkbox"/> Explosives and Shot firing <input type="checkbox"/> Inadequate Energy Isolation <input type="checkbox"/> Drowning	<input type="checkbox"/> Working at Height <input type="checkbox"/> Lifting and Cranage <input type="checkbox"/> Confined space <input type="checkbox"/> Electrical Safety
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**Observation**

<b>Type of Observation</b>	<input type="checkbox"/> Coaching PTO	<input type="checkbox"/> Task	<input type="checkbox"/> High Risk Work Verification
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**Task /Activity Observed:** \_\_\_\_\_

**Document/s used**     RA Proc     STD     Permit to Work     Check List     Other

<b>Related Documents Attach to PTO</b>	Doc No:	Doc Title:
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**Behavioural Observation**

<b>Categories</b>	1	Standards	5	Tools & Equipment	9	Environment
	2	Procedures	6	Housekeeping	10	Health Factors (noise/ergonomics/dust)
	3	Positions of people/mobile equipment	7	PPE	11	Other-specify
	4	Manual handling	8	People related Factors (unsafe position, unsafe work speed)		

<b>Cat No</b>	<b>Observations</b>	<b>Discussion/Feedback</b>
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## PLANNED TASK OBSERVATION



Action Plan			
No	Action	Who	When

**Approval of Action Plan**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_