

Operator / Maintainer Critical Control Checklist (CCC)

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Task: _____

Name: _____

Location: _____

Date: _____

Site: _____

Time: _____



CCC 'PROTECTS YOUR LIFE'

DROWNING

Flotation Devices Y N N/A

1. Have you considered drowning as a risk in your pre-task hazard assessment or procedure for this task? Y N N/A

2. Does everyone involved in the task have access to the required flotation devices for the task? Y N N/A

3. Have you inspected the flotation device(s) prior to use? Check integrity, condition, damage, in test/date etc. Y N N/A

4. Are you wearing the required flotation device(s) correctly? Y N N/A

Rescue Planning Y N N/A

5. Have you read and understood the rescue plan for the task? Y N N/A

6. Do you and the team know what to do in the case of a rescue? Y N N/A

7. Do you have all the necessary rescue equipment ready to use at the job site? e.g. PFD's, Life Rings, Life Lines, Ladders, Rescue Craft/vessels Y N N/A

8. Have you completed the prestart inspection/s on all of the necessary safety equipment? Eg PFD's, Life Rings, Life Lines, Ladders, Rescue Craft/Vessels Y N N/A

9. Where there is a requirement for a spotter - have you made sure the spotter is in place? Y N N/A

Work Planning Y N N/A

10. Do you know and understand the site requirements for working on or near water? Y N N/A

11. Is there adequate lighting for the duration of the task (during evening hours)? Y N N/A

Work Planning Y N N/A

12. Have I considered the environmental or weather conditions that would result in work stoppage? (E.g. wind, rain, ice, tides, swell, swollen rivers, river crossings, temperature, visibility) Y N N/A

Comments: If a critical control can not be verified, please indicate the nature of the failure including the question(s) that you answered no.



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