

1.0 Body Use

- 1.1 Is person placing their body in the line of fire?
- 1.2 Is person looking in the direction of travel?
- 1.3 Is person keeping hands in sight?
- 1.4 Is person keeping body away from moving parts?
- 1.5 Is person ascending/descending correctly?

2.0 Body Position

- 2.1 Is person correctly positioned to lift/lower/push/pull?
- 2.2 Is the person twisting?
- 2.3 Is person able to perform task without over-extending?
- 2.4 Is person adhering to ergonomic prompts/cautions?

3.0 Tools/Equipment

- 3.1 Tools/equipment appropriate/in good working order?
- 3.2 Barricades/warning signs in place/adhered to?

4.0 Procedures

- 4.1 Is the procedure/standard/permit being followed?
- 4.2 Is there a procedure/standard/permit for the task?
- 4.3 Is the procedure/standard/permit suitable for the task?

5.0 Work Area

- 5.1 Is surface free of slip/trip hazards?
- 5.2 Is the work area clean/tidy?

6.0 Office Ergonomics

- 6.1 Is the person holding the phone or using a headset?
- 6.2 Is the person's neck and back aligned?
- 6.3 Is the person properly supported by the chair?
- 6.4 Is the person's shoulders relaxed with no forward reaching?
- 6.5 Are the wrists straight and forearms parallel to the floor?
- 6.6 Are feet planted firmly on the floor or foot rest?
- 6.7 Are legs parallel to the floor or sloping slightly downwards?
- 6.8 Is the person taking adequate rest breaks?

7.0 Environment

- 7.1 Is the person taking precautions to avoid spills?
- 7.2 Is the person prepared for/using spill clean-up material?
- 7.3 Is the person segregating/managing waste correctly?

8.0 Personal Protective Equipment

- 8.1 Is head protection being worn?
- 8.2 Is eye/face protection being worn?
- 8.3 Is ear protection being worn?
- 8.4 Is respiratory protection being worn?
- 8.5 Is hand protection being worn?
- 8.6 Is fall protection equipment being worn?
- 8.7 Is foot protection equipment being worn?

9.0 Any Other Observations

- 9.1 Any other "safe" or "at risk" behaviors not covered?

Inventory of Critical Behaviours (ICB)

1.0	Body Use	<input type="checkbox"/>
1.1	Is person placing their body in the line of fire?	<input type="checkbox"/>
1.2	Is person looking in the direction of travel?	<input type="checkbox"/>
1.3	Is person keeping hands in sight?	<input type="checkbox"/>
1.4	Is person keeping body away from moving parts?	<input type="checkbox"/>
1.5	Is person ascending/descending correctly?	<input type="checkbox"/>
2.0	Body Position	<input type="checkbox"/>
2.1	Is person correctly positioned to lift/lower/push/pull?	<input type="checkbox"/>
2.2	Is the person twisting?	<input type="checkbox"/>
2.3	Is person able to perform task without over-extending?	<input type="checkbox"/>
2.4	Is person adhering to ergonomic prompts/cautions?	<input type="checkbox"/>
3.0	Tools/Equipment	<input type="checkbox"/>
3.1	Tools/equipment appropriate/in good working order?	<input type="checkbox"/>
3.2	Barricades/warning signs in place/adhered to?	<input type="checkbox"/>
4.0	Procedures	<input type="checkbox"/>
4.1	Is the procedure/standard/permit being followed?	<input type="checkbox"/>
4.2	Is there a procedure/standard/permit for the task?	<input type="checkbox"/>
4.3	Is the procedure/standard/permit suitable for the task?	<input type="checkbox"/>
5.0	Work Area	<input type="checkbox"/>
5.1	Is surface free of slip/trip hazards?	<input type="checkbox"/>
5.2	Is the work area clean/tidy?	<input type="checkbox"/>
6.0	Office Ergonomics	<input type="checkbox"/>
6.1	Is the person holding the phone or using a headset?	<input type="checkbox"/>
6.2	Is the person's neck and back aligned?	<input type="checkbox"/>
6.3	Is the person properly supported by the chair?	<input type="checkbox"/>
6.4	Is the person's shoulders relaxed with no forward reaching?	<input type="checkbox"/>
6.5	Are the wrists straight and forearms parallel to the floor?	<input type="checkbox"/>
6.6	Are feet planted firmly on the floor or foot rest?	<input type="checkbox"/>
6.7	Are legs parallel to the floor or sloping slightly downwards?	<input type="checkbox"/>
6.8	Is the person taking adequate rest breaks?	<input type="checkbox"/>
7.0	Environment	<input type="checkbox"/>
7.1	Is the person taking precautions to avoid spills?	<input type="checkbox"/>
7.2	Is the person prepared for/using spill clean-up material?	<input type="checkbox"/>
7.3	Is the person segregating/managing waste correctly?	<input type="checkbox"/>
8.0	Personal Protective Equipment	<input type="checkbox"/>
8.1	Is head protection being worn?	<input type="checkbox"/>
8.2	Is eye/face protection being worn?	<input type="checkbox"/>
8.3	Is ear protection being worn?	<input type="checkbox"/>
8.4	Is respiratory protection being worn?	<input type="checkbox"/>
8.5	Is hand protection being worn?	<input type="checkbox"/>
8.6	Is fall protection equipment being worn?	<input type="checkbox"/>
8.7	Is foot protection equipment being worn?	<input type="checkbox"/>
9.0	Any Other Observations	<input type="checkbox"/>
9.1	Any other "safe" or "at risk" behaviors not covered?	<input type="checkbox"/>

A good observation identifies both 'Safe' and 'At Risk' behaviour

1 ICB numbers... Insert the ICB No. corresponding to the 'At Risk' behaviour identified - using one box for each 'At Risk' behaviour observed.

2 While/Was... Describe what the Observed Person (OP) was doing when the 'At Risk' behaviour was observed.

3 Because... Discuss with OP the behaviours observed and note down the reasons for their 'At Risk' behaviour.

4 Solution... Describe the solution agreed with OP on how to eliminate the 'At Risk' behaviour.

ICB No. 6.5

Behaviour Observed: ERXAMPLE

WHILE/WAS... DESCRIBE WHAT THE OBSERVED PERSON (OP) WAS DOING WHEN THE 'AT RISK' BEHAVIOUR WAS OBSERVED.

BECAUSE... DISCUSS WITH OP THE BEHAVIOURS OBSERVED AND NOTE DOWN THE REASONS FOR THEIR 'AT RISK' BEHAVIOUR.

SOLUTION... DESCRIBE THE SOLUTION AGREED WITH OP ON HOW TO ELIMINATE THE 'AT RISK' BEHAVIOUR.

ICB No. 6.5

ICB No. 6.5



GOOD QUALITY ACTION PLANS ARE DERIVED FROM GOOD QUALITY OBSERVATIONS AND DATA



Positive Observations Will Eliminate Risk

Date: [] [] / [] [] / [] [] [] []

Observer ID No. [] [] [] [] [] []

Observation: PLANNED UNPLANNED

Installation: ALBA ANP ALBA FSU CAPT FPSO CAPT WPPA/BLP DENMARK OTHER
 ERSKINE ABZ OFFICES WAREHOUSE NORWAY

Time: [] [] : [] [] Shift: DAYS NIGHTS

Number of People Observed: [] []

Days into Trip: [] [] of [] []

Working Condition: WET DRY WINDY INDOOR

Workgroup Observed: CATERING CONSTRUCTION DECK CREW MAINTENANCE DRILLING
 MARINE OFFICE OPERATIONS VENDOR



Positive Observations Will Eliminate Risk

Your observations *do* make a difference.

56574

	Safe	At Risk
1.0 Body Use		
1.1 Line of Fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 Eyes on Path	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Eyes on Task	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Pinchpoints	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Ascending/Descending	<input type="checkbox"/>	<input type="checkbox"/>
2.0 Body Positioning		
2.1 Lift/Lower/Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Twisting	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Within Reach	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Response to Ergonomic Risks	<input type="checkbox"/>	<input type="checkbox"/>
3.0 Tools/Equipment		
3.1 Selection/Condition/Use/Storage	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Barricades and Warnings	<input type="checkbox"/>	<input type="checkbox"/>
4.0 Procedures		
4.1 Followed	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Existing	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Suitable and Sufficient	<input type="checkbox"/>	<input type="checkbox"/>
5.0 Work Area		
5.1 Walking/Working Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
6.0 Office Ergonomics		
6.1 Phone Posture	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Neck and Back Posture	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Back Posture	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Shoulder Posture	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Wrist and Arm Position	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Feet Position	<input type="checkbox"/>	<input type="checkbox"/>
6.7 Hips and Legs	<input type="checkbox"/>	<input type="checkbox"/>
6.8 Rest Breaks	<input type="checkbox"/>	<input type="checkbox"/>
7.0 Environment		
7.1 Spill Containment	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Spill Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Waste Management	<input type="checkbox"/>	<input type="checkbox"/>
8.0 Personal Protective Equipment		
8.1 Head	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Eyes and Face	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Hearing	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Hand	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Fall	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Foot	<input type="checkbox"/>	<input type="checkbox"/>
9.0 Any Other Observations		
9.1 _____	<input type="checkbox"/>	<input type="checkbox"/>

ICB No. **Behaviours Observed**

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While/Was...

Because..

Solution...

Try?

Follow-up action?

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While/Was...

Because..

Solution...

Try?

Follow-up action?

.

While/Was...

Because..

Solution...

Try?

Follow-up action?

