



# Oil & Gas Development Company Limited

Location / Site: \_\_\_\_\_

JHA No. \_\_\_\_\_

OGFXXX – HSE – 003(04)

Rev. No. \_\_\_\_\_

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

## Job Vulnerability / Hazard Analysis (JVA / JHA)

DESCRIPTION OF JOB LOCATION	POTENTIAL VULNERABILITIES	IMPACT CONTROL MEASURES

JOB DESCRIPTION	DEPARTMENT	RESPONSIBLE PERSON	SUPERVISOR

#	ROLE	NAME	COMPANY / POSITION	SIGNATURE
1	Leader			
2	Rep. Permit Issuing Authority			
3	Rep. Permit Receiving Authority			
4	Rep. HSE			

### HAZARD / RISK CHECKLIST

<input type="checkbox"/> Slips, Trips and Falls	<input type="checkbox"/> Access / Egress	<input type="checkbox"/> Moving Machinery	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Stored Energy
<input type="checkbox"/> Lifting Operation	<input type="checkbox"/> Noise	<input type="checkbox"/> Illumination	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Miscommunication
<input type="checkbox"/> Corrosive Substance	<input type="checkbox"/> Use of Oils / Chemicals	<input type="checkbox"/> SIMOPS	<input type="checkbox"/> Flaring / Venting	<input type="checkbox"/> Inadvertent unit / facility trip
<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Explosives	<input type="checkbox"/> Ignition Source	<input type="checkbox"/> Hydrocarbon Release	<input type="checkbox"/> Hydrogen Sulphide
<input type="checkbox"/> Dropped Object	<input type="checkbox"/> Working with Pressure	<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Electricity	<input type="checkbox"/> Working at Height
<input type="checkbox"/> Fatigue / Over Exertion	<input type="checkbox"/> Explosives	<input type="checkbox"/> Isolation	<input type="checkbox"/> Vehicle/Equip. Movement	<input type="checkbox"/> Confined Space

Y  N Have alternatives been considered to achieving the job outcome?

VULNERABILITY / HAZARD ANALYSIS DETAILS							
#	JOB STEPS BREAKDOWN	HAZARD	CONTROL	RISK CALCULATION			RISK <i>TOLERABLE</i> (Y/N)
				C	P	R	

Prepared by:  Signature (Concerned Departmental/ Sectional In-Charge)	Reviewed by:	
Date:	Signature (Permit Issuer)	Signature (Location In-Charge HSE)
Remarks:		
Approved by:  Signature (Location In-Charge)		
Date:		