|  |  |
| --- | --- |
| **Company** |  |
| **Date** |  |
| **Work to be done** |  |

|  |  |  |
| --- | --- | --- |
| **Risks related to work** | **Actions** | **How is safety ensured?** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Tools in use** | **Risks related to tools used** | **How are riks taken into account?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Clarification** | **job** | **date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Continue on the the reverse side of the form