


Section No.	Topic	Contents
9	System Improvement Request(SIR)	This section contains corrective/preventive actions relating to the project. <ul style="list-style-type: none">• System Improvement Requests(SIR)• Hazard Identification• SIR Log Book

Part 1A

Details completed by _____ Date : _____

Problem/Incident Detail *(What happened?)*

When you have completed the details, conduct a "FILE\SAVE AS" on this form and it will place it into the Inbox directory. Use your name and date as the filename.  *(Return to your Supervisor)* Do not forget to email the Quality Manager.

Part 1B Assigned to for cause details *(Supervisor):* _____ **Response Due Date:** _____

Part 2A *(Supervisor to complete) - Cause (What caused the problem?)* _____ **Problem Code** _____

Part 2B *(Supervisor to complete) - Action Taken (To fix the problem and prevent re-occurrence or occurrence?)*

Supervisor *(Sign)*: _____
Quality Manager *(Sign)* : _____

**Planned
Completion
Date:** _____

Part 3 *(Quality Manager to complete) - Verification Details (What did you see?)*

Supervisor *(Sign)*: _____
Quality Manager *(Sign)*: _____ Date: _____

SIR Log Book


SIR #	Details completed by	Assigned to for cause details	Response Due Date	Problem Details	Planned Completion Date	Quality Codes	Injury Codes	Injury Rates Codes	Action complete
2013-01									
2013-02									
2013-03									
2013-04									
2013-05									
2013-06									
2013-07									
2013-08									
2013-09									
2013-10									
2013-11									
2013-12									
2013-13									
2013-14									
2013-15									
2013-16									
2013-17									
2013-18									
2013-19									
2013-20									
2013-21									
2013-22									
2013-23									
2013-24									
2013-25									
2013-26									
2013-27									
2013-28									
2013-29									
2013-30									
2013-31									
2013-32									
2013-33									

Code

Part 1A

Details completed by _____ Date : _____

Problem/Incident Detail *(What happened?)*

When you have completed the details, conduct a "FILE\SAVE AS" on this form and it will place it into the Inbox directory. Use your name and date as the filename.  *(Return to your Supervisor)* Do not forget to email the Quality Manager.

Part 1B **Assigned to for cause details** *(Supervisor):* _____ **Response Due Date:** _____

Part 2A *(Supervisor to complete) - Cause (What caused the problem?)* _____ **Problem Code** _____

Part 2B *(Supervisor to complete) - Action Taken (To fix the problem and prevent re-occurrence or occurrence?)*

Supervisor *(Sign)*: _____
Quality Manager *(Sign)* : _____ **Planned Completion Date:** _____

Part 3 *(Quality Manager to complete) - Verification Details (What did you see?)*

Supervisor*(Sign)*: _____
Quality Manager *(Sign)*: _____ Date: _____

HAZARD IDENTIFICATION

Project Name: _____

Conducted by: _____ Date: _____

Purpose:

Conduct this Hazard Identification prior to commencing the task.

Hazard	Risk <input type="checkbox"/> = Acceptable <input checked="" type="checkbox"/> = Not Acceptable N/A = Not applicable	See Attachment	Comments
Access & egress	<input type="checkbox"/>		
Asbestos	<input type="checkbox"/>		
Biological	<input type="checkbox"/>		
Confined space	<input type="checkbox"/>		
Cross-business interface	<input type="checkbox"/>		
Dangerous goods	<input type="checkbox"/>		
Demolition activity	<input type="checkbox"/>		
Dust	<input type="checkbox"/>		
Electricity incl. static	<input type="checkbox"/>		
Environment:	<input type="checkbox"/>		
▪ hot	<input type="checkbox"/>		
▪ cold	<input type="checkbox"/>		
▪ wet	<input type="checkbox"/>		
▪ dark	<input type="checkbox"/>		
▪ night	<input type="checkbox"/>		
Excavation	<input type="checkbox"/>		
Fire & explosion	<input type="checkbox"/>		
Flooding & overflow	<input type="checkbox"/>		
Gas, fumes & foul air	<input type="checkbox"/>		
Hazardous equipment	<input type="checkbox"/>		
Hazardous substances/chemicals	<input type="checkbox"/>		
Hot metal	<input type="checkbox"/>		
Hot surfaces	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Comments

HUNTER WHARF & BARGE

Hazard	Risk <input type="checkbox"/> = Acceptable <input checked="" type="checkbox"/> = Not Acceptable N/A = Not applicable	See Attachment	Comments
Hot work	<input type="checkbox"/>		
Hydraulic pressure	<input type="checkbox"/>		
Manual handling	<input type="checkbox"/>		
Moving machinery	<input type="checkbox"/>		
Multiple contractors	<input type="checkbox"/>		
Noise & vibration	<input type="checkbox"/>		
Overhead hazards	<input type="checkbox"/>		
Portable tools	<input type="checkbox"/>		
Radiation (incl solar)	<input type="checkbox"/>		
Remote Location	<input type="checkbox"/>		
Steam	<input type="checkbox"/>		
Toxic materials	<input type="checkbox"/>		
Traffic & vehicles	<input type="checkbox"/>		
Trapped heat	<input type="checkbox"/>		
Underground activity	<input type="checkbox"/>		
Underground services	<input type="checkbox"/>		
Waste disposal/mgmt	<input type="checkbox"/>		
Working at height	<input type="checkbox"/>		
Working downstream of water storage	<input type="checkbox"/>		
Working over, near, on, in or under water	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Comments

SIR #	Details completed by	Assigned to for cause details	Response Due Date	Problem Details	Planned Completion Date	Quality Codes	Injury Codes	Injury Rates Codes	Action complete
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Code