

ENHANCED PRE-WORK WALK DOWN AND POST PERFORMANCE CHECKLIST

Walk Down Date: _____ Area/Building Work To Be Performed: _____

Person In Charge (Please print): _____ Procedure/WP/MWT No.: _____

Task Title: _____

A. Documentation Readiness (Paper)	Sat	Unsat*	N/A
1. Hazard Analysis is appropriate and correct for current conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Radiological Work Requirements are implemented and clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Hold points are clearly delineated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Permits are approved and expiration dates allow enough time for work to be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Procedure/work instruction written to address current facility/equipment conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Procedure/work instruction can be performed as written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Task Demands Error Precursor issues have been addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Field Readiness (Parts)	Sat	Unsat*	N/A
1. Configuration of equipment and systems meet PREREQUISITE requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Chemical Hazards are mitigated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Required material is approved and staged ready.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Area is house kept/Equipment travel paths are free of hazards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Primary and alternate means of egress have been identified and are free of obstructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Lighting (including emergency lighting) is in place and adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Signs/Postings (Radiological, Noise, etc.) are appropriate and legible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Electrical Hazards are mitigated / inspect electrical cords and GFCI used for task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pre-use inspections documented/equipment ready to use (Forklift, Scaffolding, Ladders, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Weather Conditions allow work to be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overhead lines/obstructions do not prevent performance of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Work Environment Error Precursor issues have been addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Resource Readiness (People)	Sat	Unsat*	N/A
1. Personnel are trained and ready to work (reference Individual Capabilities and Human Nature Error Precursors).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. First responders/First Aid Providers have been identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. "What-if" reviews/scenarios and resulting actions have been discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*All UNSAT items noted in Sections A, B, & C must be resolved/corrected prior to start of work. Document disposition actions: (use back of form if additional space is needed)

PIC / FWS _____ Date _____
 Name (Print and Sign)

The above signature identifies accountability for completion of Sections A, B, and C. The signature indicates that the information contained in these sections is true and correct to the extent possible.

ENHANCED PRE-WORK WALK DOWN AND POST PERFORMANCE CHECKLIST (continued)

D. Post Completion Review

Person In Charge (Please print):	Date:	Yes**	No
1. Work was a first time performance or an upset occurred during performance.		<input type="radio"/>	<input type="radio"/>
2. RWP or AMW requires performance of Post Job Review (PJR).		<input type="radio"/>	<input type="radio"/>
3. Work exceeded radiological criteria established (void limits) to trigger a formal PJR.		<input type="radio"/>	<input type="radio"/>
4. An employee incurred an injury during performance of the work.		<input type="radio"/>	<input type="radio"/>
5. Procedure/work instruction issues identified.		<input type="radio"/>	<input type="radio"/>
6. Procedure/work instruction required changes.		<input type="radio"/>	<input type="radio"/>
7. STOP WORK was implemented or a work team member requested a PJR.		<input type="radio"/>	<input type="radio"/>
8. Repeat failures or Significant lessons learned exist.		<input type="radio"/>	<input type="radio"/>
9. Material issues (lack of, wrong kind, QA issues).		<input type="radio"/>	<input type="radio"/>
10. Technical data problems/Support equipment issues.		<input type="radio"/>	<input type="radio"/>
11. Training issues were encountered.		<input type="radio"/>	<input type="radio"/>
12. Work went as planned but exceeded estimates.		<input type="radio"/>	<input type="radio"/>
13. Error Precursors (Task Demands, Work Environment, Individual Capabilities, Human Nature) occurred or had the potential to occur.		<input type="radio"/>	<input type="radio"/>

**If a YES response in section D, further action is required. A formal documented, PJR may be required (refer to HNF-GD-14047). If a formal PJR is not required, capture feedback below: (use back of form if additional space is needed)

PIC / FWS _____
 Name (Print and Sign) _____ Date _____

The above signature identifies accountability for completion of Section D. The signature indicates that the information contained in this section is true and correct to the extent possible.

Feedback/Post Job Review results entered into the AJHA Activity Level Feedback Database:

Initials: _____ Date: _____

NOTE: *If appropriate, consider issuing Lessons Learned as outlined in HNF-PRO-067.*