

Innovator IMPACT® Productivity



Job Number

Date

M M D D Y Y

First Name

Last Name

Position



Manager



Superintendent



General Foreman



Foreman



Employee

Communication

1. Crew understands the task
2. Foreman walked the job down with crew
3. Task sequencing
4. Crew understands hazards and mitigations

Documentation

5. JHA not created
6. FLRA
7. Work permits
8. P&IDs/FIWP/Procedures

Craft

9. Properly trained for task
10. Competencies completed

Accessibility to the Work Site

11. Site layout
12. Transportation available
13. Ability to walk to and from work location
14. Congestion, overcrowding, bottlenecking

Site Conditions

15. Poor housekeeping
16. Scaffolding issues
17. Site facilities
18. Workspace limitations/tight areas

Tools/Equipment

19. Tools/Equipment readily available
20. Tools in good working order
21. Equipment quarterly inspected
22. Correct support equipment & crews

Material

23. Correct material
24. Correct amount of material
25. Material availability

Changes in Task - Starts and Stoppages

26. Impact due to simultaneous operations
27. Work relocation
28. Rework

Safety

29. Safety plan not developed for the task at hand – i.e.: fall protection plan, ERP etc.
30. Safety plan not approved by the proper signatories
31. Proper PPE not available

Testing/Inspections

32. QC sign off
33. Commissioning/Start up

Adverse Conditions

34. Weather impacts
35. Unforeseen site conditions (please clarify)

ALL COMMENTS MUST BE PRINTED IN BLOCK CAPITAL LETTERS

Checklist Reference Number

DESCRIBE THE CONSTRAINT/WASTE AND IMPACT

RECOMMENDED COURSE OF ACTION Item Closed

Management Signature _____

FREQUENCY OF CONSTRAINT Daily Weekly Monthly Occasionally

PRODUCTION TIME LOST (to the nearest hour) Material Waste