



# Post-Job Critique



QUESTIONS (To be completed after a work shift has ended)				"Drift"
<b>1. What happened the way you thought it would happen? "Desired Outcome vs. Actual Outcome"</b>				
<b>Check all that apply</b>			<b>All NO answers require a comment</b>	
<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comments:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task was completed as planned	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upgraded when conditions change	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazards were adequately Identified	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient amount of Personnel	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient amount of Time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Permits in Place	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mitigations were adequate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient barriers in place	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures were adequate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures were followed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient review	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management/Supervision	
<b>2. What Error Precursors could have impacted today's scope of work?</b>				
<b>Work Environment</b>			<b>Individual Capabilities</b>	
<input type="checkbox"/>	<b>Distractions/Interruptions</b> – Conditions diverting attention to and from a task		<b>First Time Task</b> - Unaware of task expectations or performance	
<input type="checkbox"/>	<b>Change of Routine</b> - Conditions that disturb an individual's understanding of a task		<b>Fatigue/Illness</b> – Limited physical or mental abilities due to fatigue or illness	
<input type="checkbox"/>	<b>Organizational Pressure</b> – Perception to complete a task ahead of schedule		<b>Life Event</b> – Limited focus due to medical, financial or emotional event	
<input type="checkbox"/>	<b>Congested Work Area</b> – Conditions causing limited or restricted movement		<b>Lack of Understanding</b> - Lack of knowledge about the performance of a task	
<input type="checkbox"/>	<b>Personality Conflict</b> - Disagreement between individuals working together		<b>Adherence to Rules</b> – Willingness to bend the rules while performing task	
<b>Task Demands</b>			<b>Human Nature</b>	
<input type="checkbox"/>	<b>Time Pressure</b> – Being in a hurry or taking short cuts while performing a task		<b>Stress</b> - Responses that result in anxiety or poor decision making	
<input type="checkbox"/>	<b>High Work Load</b> - Demands on individual to maintain high levels of concentration		<b>Complacency/Overconfident</b> - Underestimating the difficulty or complexity of a task	
<input type="checkbox"/>	<b>SIMOPS</b> - Mental overload as a result of performing two or more activities		<b>Tunnel Vision</b> - Inability to focus on a single or limited goal or point of view	
<input type="checkbox"/>	<b>Unclear goals, roles</b> - Unclear work objectives or expectations		<b>Inaccurate Risk Perception</b> - Inaccurate understanding of a consequence or danger	
<input type="checkbox"/>	<b>Inadequate job planning</b> - Inadequate steps, hazards, and mitigations		<b>Mindset</b> - Tendency to "see" only what the mind is tuned to see	
<input type="checkbox"/>	<b>Repetitive Actions</b> - Insufficient alertness at the job site due to repetitive actions		<b>Loss Of Focus</b> – Inability to concentrate on a particular task	
<b>3. What "Latent Weaknesses" were identified? (Hidden weakness in the organization or system that may cause employee error)</b>				
<b>(Explain only those identified in comment section)</b>			<b>Comments:</b>	
<input type="checkbox"/>	Engineering			
<input type="checkbox"/>	Scheduling			
<input type="checkbox"/>	Design/Fabrication			
<input type="checkbox"/>	Installation			
<input type="checkbox"/>	Pre-Job Planning			
<input type="checkbox"/>	Hazard Identification			
<input type="checkbox"/>	JSEA			
<input type="checkbox"/>	Proper Permit to work			
<input type="checkbox"/>	House Keeping			
<input type="checkbox"/>	Equipment			
<input type="checkbox"/>	Training			
<input type="checkbox"/>	Close out (permits etc.)			