

WORKSITE RISK ASSESSMENT



DETAILS

Company

Address / Location

Branch / Division

Job / Activity

Name of Assessor* Phone*

Estimated cost of safety \$* Description of plant

Brief scope of works*

ASSESSMENT

Potential Hazards (which may be present)	Was a Hazard Identified? If "yes", then a description of the hazard, the risk control measure and the control MUST be recorded.*	Description of Hazard If hazard identified detail of specific hazard required.	Risk Control Measures Using the hierarchy of control identify what controls will best reduce the risk.	Risk Control Detail Detail of risk control. What type of access equipment is required? Scaffold, EWP etc.
Access & egress (can the worksite be safely Accessed and safely Egressed)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is Asbestos present? (check asbestos register)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Confined spaces (as defined by legislation and AS/NZS 2865-Confined spaces)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Demolition works being conducted?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

ASSESSMENT CONTINUED

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Dust produced? (MDF, cement, paint)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Uneven working surface (slip, trip and fall?)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Working at night (traffic and security)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Environment issues (soil, waterways, noise, air)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Weather – hot, cold, windy & UV radiation	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Gas & fumes and foul air (sewer, hydrogen sulphide, processing plants)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hazardous substances and dangerous goods (e.g. paint, LPG and natural gas)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Lead based paint. If building pre 1980 lead paint may be present. Test at least 3 substrates i.e. walls window frames, doors handrails etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Manual handling (heavy items, repetitive tasks, awkward postures and moving office furniture and fixtures)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Moving machinery in area (forklifts, bobcats, excavators, EWPs)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

ASSESSMENT CONTINUED

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Multiple contractors working in same area	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Noise & vibration (noisy equipment in area and operating equipment such as grinders and pressure washers)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Security of equipment (can equipment be stored away from general public in a locked room?)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Overhead hazards: (power, gas, communications, water and other services) If any doubt to whether services are a hazard, obtain further advice	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Proximity to public traffic and vehicles	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Remote location (limited phone coverage and medical attention)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Public – can unauthorised personnel access site?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Limited waste disposal management	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Fire hazards (paper, cardboard, grass and general waste)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Microwave / radio transmitters	<input type="checkbox"/> YES <input type="checkbox"/> NO			

ASSESSMENT CONTINUED

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Working at height (specify height and equipment required such as; scaffold, swing stage, rope access, EWP, ladders)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

OTHER CONSIDERATIONS Review whether the following items require attention

- Environmental management plan required – is the site near waterway?
- Power lines danger assessment – a 2nd person required to inspect?
- On site parking available?
- Traffic management plan required?
- Site amenities i.e. toilets & lunch sheds available?
- Emergency response plan and evacuation area available?
- Exclusion drop zone required (public / pedestrians)?
- Spotter required?
- First Aid coverage required (where clients do not have first aider on site)?
- Additional lighting required?
- Other – please specify:

PPE REQUIRED ON SITE



Clothing



Eye Protection



Hand Protection



Hard Hat



Safety Boots



Sunscreen



Sun Hat
(Broad Brim)



UVR Safety
Glasses



Dust Mask /
Respirator



Hearing
Protection



Safety Vest
(Hi Vis)



Harness

Other PPE required, please specify here:

MATERIAL SAFETY DATA SHEETS REQUIRED

ASSESSMENT CONFIRMATION

I confirm that I have conducted a thorough assessment of the site and to the best of my knowledge all known Hazards have been identified, and control measures recommended and / or implemented prior to works commencing.

Name*

Signature*

Date*

ADDITIONAL NOTES

