

Work Site Hazard and Risk Control Assessment

EnviroFrontier

SECTION ONE: SITE DETAILS			
Site Address <i>Antarctica Golf Course</i>			
Person completing form: <i>Simon PAVICH</i>		Date of completion: <i>1-9-11</i>	
Number of persons on site: <i>4</i>		Time of day: <i>7:00am</i>	
SECTION TWO: THE TASK			
Tick the tasks or works to be performed on this site during this day as listed below:			
Felling	<input checked="" type="checkbox"/> Dismantling	<input checked="" type="checkbox"/> Pruning	<input checked="" type="checkbox"/> Slashing
Chipping	<input checked="" type="checkbox"/> Tree Inspection	<input checked="" type="checkbox"/> Root Pruning	<input checked="" type="checkbox"/> Cutting Logs
Excavating	<input type="checkbox"/> Tree restraint	<input type="checkbox"/> Seed Collection	<input type="checkbox"/> Pest Control
Stump Grinding	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Wildlife Boxes	<input checked="" type="checkbox"/> Traffic Control
SECTION THREE: THE EQUIPMENT TO BE USED			
Tick the items of equipment listed below you will use to complete the tasks as ticked above:			
Climbing Gear	<input checked="" type="checkbox"/> Work Platforms	<input type="checkbox"/> Ladders	<input checked="" type="checkbox"/> Mobile Cranes
Chainsaw	<input checked="" type="checkbox"/> Stump Grinders	<input type="checkbox"/> Chippers	<input checked="" type="checkbox"/> Barrow / Trolley
Truck Cranes	<input type="checkbox"/> Bob Cats	<input type="checkbox"/> Rigging Gear	<input checked="" type="checkbox"/> Signs / Cones
Wire Winches	<input type="checkbox"/> Lowering Device	<input checked="" type="checkbox"/> Digging Gear	<input checked="" type="checkbox"/> First Aid Kit
REMEMBER THE FOUR STEPS TO HAZARD ASSESSMENT			
1. IDENTIFY THE HAZARD		2. ASSESS DANGER AND LIKELYHOOD	
3. CONTROL THE IDENTIFIED RISK		4. MONITOR THE RISK CONSTANTLY	
SECTION FOUR: WEATHER			
Tick the weather conditions for this day			
<input type="checkbox"/> Light Rain	<input type="checkbox"/> Heavy Rain	<input type="checkbox"/> Light Wind	<input checked="" type="checkbox"/> High Wind
<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Very Hot	<input type="checkbox"/> Lightning Stormy	<input type="checkbox"/> Overcast
SECTION FIVE: TREE HAZARDS ON SITE			
<input type="checkbox"/> Dead Wood	<input checked="" type="checkbox"/> Hollow Trunk	<input type="checkbox"/> Dead Tree	<input type="checkbox"/> Fungal brackets
<input type="checkbox"/> Open Cavities	<input checked="" type="checkbox"/> Cracks or splits	<input checked="" type="checkbox"/> Bees or wasps	<input type="checkbox"/> Termites
<input type="checkbox"/> Root Damage	<input type="checkbox"/> Moving in Ground	<input type="checkbox"/> Decayed Tree	<input checked="" type="checkbox"/> Unnatural lean
SECTION SIX: STAFF HAZARDS ON SITE			
<input type="checkbox"/> Insufficient Staff	<input type="checkbox"/> Excess Staff	<input checked="" type="checkbox"/> Untrained Staff	<input type="checkbox"/> Unsupervised
SECTION SEVEN: SITE SPECIFIC HAZARDS			
<input type="checkbox"/> Steep Slopes	<input checked="" type="checkbox"/> Uneven Ground	<input checked="" type="checkbox"/> Slippery Surfaces	<input checked="" type="checkbox"/> Holes / Trenches
<input type="checkbox"/> Rocky Ground	<input checked="" type="checkbox"/> Loose Surfaces	<input checked="" type="checkbox"/> Pedestrian Traffic	<input checked="" type="checkbox"/> Pits / Pipes / Drains
<input type="checkbox"/> Debris on ground	<input checked="" type="checkbox"/> Electricity or Gas	<input type="checkbox"/> Poisonous Plants	<input type="checkbox"/> Sharp Objects
<input type="checkbox"/> Thorny Vegetation	<input type="checkbox"/> Road Traffic	<input type="checkbox"/> Poor Weather	<input type="checkbox"/> Electrical Hazards
SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS			
<input type="checkbox"/> Faulty Chainsaws	<input type="checkbox"/> Untrained operator	<input type="checkbox"/> WLL known	<input checked="" type="checkbox"/> Sharp knives
<input type="checkbox"/> Ropes inspected	<input checked="" type="checkbox"/> Appropriate size	<input checked="" type="checkbox"/> Suitable guards	<input checked="" type="checkbox"/> Blunt Chains
All Equipment inspected and Safe to use:		<input checked="" type="checkbox"/>	
Give Details of faulty equipment:			

REMEMBER THE METHODS OF CONTROLLING HAZARDS

1. THE MOST EFFECTIVE METHOD OF CONTROL IS TO ELIMINATE THE RISK.
2. IF YOU CANNOT ELIMINATE THEN SEPARATE THE PEOPLE FROM THE RISK.
3. IF YOU CANNOT SEPARATE THEN CHANGE THE WORK METHOD.
4. IF YOU CANNOT CHANGE THE WORK METHOD THEN USE P.P.E

SECTION NINE: RISK ASSESSMENT AND CONTROL

List the Hazards as Identified over the page

How are you going to control these Hazards

~~Get the [unclear]~~

All Hazards Identified

All Precautions Taken

Detail the Major Risk on Site:

SECTION TEN: POSSIBLE INJURIES

Electrocution	<input checked="" type="checkbox"/> Falling Objects	<input checked="" type="checkbox"/> Slips and Trips	<input checked="" type="checkbox"/> Falls from height
Major Cuts	<input checked="" type="checkbox"/> Crushed / Pinned	<input checked="" type="checkbox"/> Burns	<input type="checkbox"/> Poisoning
Broken Bones	<input checked="" type="checkbox"/> Chemical spills	<input type="checkbox"/> Allergy	<input checked="" type="checkbox"/> Foot injury


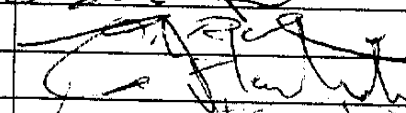
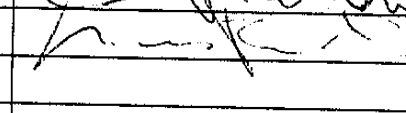
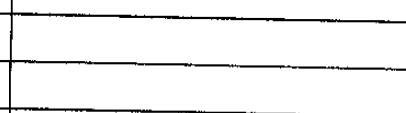
SECTION ELEVEN: POSSIBLE OUTCOME FROM RISK

<input type="checkbox"/> Loss of Life	<input type="checkbox"/> Permanent Injury	<input checked="" type="checkbox"/> A month of work	<input type="checkbox"/> First aid only
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SECTION TWELVE: CONTRACTORS AND EMPLOYEES MUST COMPLETE

Print your name clearly

Signature

1	Simon JAVICH	
2	Scott ROBINSON	
3	Glen Haden	
4	Luke	
5		
6		
7		
8		
9		
10		