

Work Site Hazard and Risk Control Assessment

EnviroFrontier

SECTION ONE: SITE DETAILS			
Site Address: <u>Australian Golf Club - Australian</u>		<u>Banneworth Creek Roseberry</u>	
Person completing form: <u>Simon Pavich</u>		Date of completion: <u>25.2.11</u>	
Number of persons on site: <u>4</u>		Time of day: <u>700am</u>	
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"/>
Chipping	<input checked="" type="checkbox"/>	Tree Inspection	<input checked="" type="checkbox"/>
Excavating	<input type="checkbox"/>	Tree restraint	<input type="checkbox"/>
Stump Grinding	<input type="checkbox"/>	Deliveries	<input type="checkbox"/>
Pruning	<input checked="" type="checkbox"/>	Root Pruning	<input checked="" type="checkbox"/>
Slashing	<input checked="" type="checkbox"/>	Seed Collection	<input type="checkbox"/>
Cutting Logs	<input checked="" type="checkbox"/>	Wildlife Boxes	<input type="checkbox"/>
Pest Control	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>
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"/>
Chainsaw	<input checked="" type="checkbox"/>	Stump Grinders	<input type="checkbox"/>
Truck Cranes	<input type="checkbox"/>	Bob Cats	<input type="checkbox"/>
Wire Winches	<input type="checkbox"/>	Lowering Device	<input checked="" type="checkbox"/>
Ladders	<input checked="" type="checkbox"/>	Chippers	<input checked="" type="checkbox"/>
Mobile Cranes	<input type="checkbox"/>	Rigging Gear	<input checked="" type="checkbox"/>
Barrow / Trolley	<input checked="" type="checkbox"/>	Digging Gear	<input checked="" type="checkbox"/>
Signs / Cones	<input checked="" type="checkbox"/>	First Aid Kit	<input checked="" type="checkbox"/>
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			
Light Rain	<input type="checkbox"/>	Heavy Rain	<input type="checkbox"/>
Sunny	<input checked="" type="checkbox"/>	Very Hot	<input type="checkbox"/>
Light Wind	<input type="checkbox"/>	Lightning Stormy	<input type="checkbox"/>
High Wind	<input checked="" type="checkbox"/>	Overcast	<input type="checkbox"/>
SECTION FIVE: TREE HAZARDS ON SITE			
Dead Wood	<input checked="" type="checkbox"/>	Hollow Trunk	<input checked="" type="checkbox"/>
Open Cavities	<input checked="" type="checkbox"/>	Cracks or splits	<input checked="" type="checkbox"/>
Root Damage	<input type="checkbox"/>	Moving in Ground	<input type="checkbox"/>
Dead Tree	<input checked="" type="checkbox"/>	Bees or wasps	<input type="checkbox"/>
Fungal brackets	<input type="checkbox"/>	Decayed Tree	<input type="checkbox"/>
Termites	<input type="checkbox"/>	Unnatural lean	<input checked="" type="checkbox"/>
SECTION SIX: STAFF HAZARDS ON SITE			
Insufficient Staff	<input type="checkbox"/>	Excess Staff	<input checked="" type="checkbox"/>
Untrained Staff	<input type="checkbox"/>	Unsupervised	<input type="checkbox"/>
SECTION SEVEN: SITE SPECIFIC HAZARDS			
Steep Slopes	<input type="checkbox"/>	Uneven Ground	<input type="checkbox"/>
Rocky Ground	<input checked="" type="checkbox"/>	Loose Surfaces	<input checked="" type="checkbox"/>
Debris on ground	<input checked="" type="checkbox"/>	Electricity or Gas	<input type="checkbox"/>
Thorny Vegetation	<input type="checkbox"/>	Road Traffic	<input type="checkbox"/>
Slippery Surfaces	<input checked="" type="checkbox"/>	Poisonous Plants	<input type="checkbox"/>
Holes / Trenches	<input type="checkbox"/>	Poor Weather	<input type="checkbox"/>
Pits / Pipes / Drains	<input type="checkbox"/>	Electrical Hazards	<input type="checkbox"/>
Sharp Objects	<input type="checkbox"/>		
SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS			
Faulty Chainsaws	<input type="checkbox"/>	Untrained operator	<input checked="" type="checkbox"/>
Ropes inspected	<input checked="" type="checkbox"/>	Appropriate size	<input checked="" type="checkbox"/>
WLL known	<input checked="" type="checkbox"/>	Sharp knives	<input checked="" type="checkbox"/>
Suitable guards	<input checked="" type="checkbox"/>	Blunt Chains	<input type="checkbox"/>
All Equipment inspected and Safe to use: <input checked="" type="checkbox"/>			
Give Details of faulty equipment:			

