

# Work Site Hazard and Risk Control Assessment



<b>SECTION ONE: SITE DETAILS</b>			
Site Address: <i>Australian Golf Course</i>			
Person completing form: <i>Simon Raven</i>		Date of completion: <i>16.9.11</i>	
Number of persons on site: <i>4</i>		Time of day: <i>7:00 am</i>	
<b>SECTION TWO: THE TASK</b>			
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 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 type="checkbox"/>
		Seed Collection	<input type="checkbox"/>
		Wildlife Boxes	<input type="checkbox"/>
		Slashing	<input type="checkbox"/>
		Cutting Logs	<input checked="" type="checkbox"/>
		Pest Control	<input type="checkbox"/>
		Traffic Control	<input checked="" type="checkbox"/>
<b>SECTION THREE: THE EQUIPMENT TO BE USED</b>			
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"/>
		Rigging Gear	<input checked="" type="checkbox"/>
		Digging Gear	<input type="checkbox"/>
		Mobile Cranes	<input type="checkbox"/>
		Barrow / Trolley	<input checked="" type="checkbox"/>
		Signs / Cones	<input type="checkbox"/>
		First Aid Kit	<input checked="" type="checkbox"/>
<b>REMEMBER THE FOUR STEPS TO HAZARD ASSESSMENT</b>			
1. IDENTIFY THE HAZARD		2. ASSESS DANGER AND LIKELYHOOD	
3. CONTROL THE IDENTIFIED RISK		4. MONITOR THE RISK CONSTANTLY	
<b>SECTION FOUR: WEATHER</b>			
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 checked="" type="checkbox"/>
		Lightning Stormy	<input type="checkbox"/>
		High Wind	<input type="checkbox"/>
		Overcast	<input type="checkbox"/>
<b>SECTION FIVE: TREE HAZARDS ON SITE</b>			
Dead Wood	<input checked="" type="checkbox"/>	Hollow Trunk	<input 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"/>
		Decayed Tree	<input checked="" type="checkbox"/>
		Fungal brackets	<input type="checkbox"/>
		Termites	<input type="checkbox"/>
		Unnatural lean	<input checked="" type="checkbox"/>
<b>SECTION SIX: STAFF HAZARDS ON SITE</b>			
Insufficient Staff	<input checked="" type="checkbox"/>	Excess Staff	<input type="checkbox"/>
		Untrained Staff	<input type="checkbox"/>
		Unsupervised	<input type="checkbox"/>
<b>SECTION SEVEN: SITE SPECIFIC HAZARDS</b>			
Steep Slopes	<input checked="" type="checkbox"/>	Uneven Ground	<input checked="" 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 checked="" type="checkbox"/>	Road Traffic	<input type="checkbox"/>
		Slippery Surfaces	<input type="checkbox"/>
		Pedestrian Traffic	<input checked="" type="checkbox"/>
		Poisonous Plants	<input type="checkbox"/>
		Poor Weather	<input type="checkbox"/>
		Holes / Trenches	<input checked="" type="checkbox"/>
		Pits / Pipes / Drains	<input checked="" type="checkbox"/>
		Sharp Objects	<input checked="" type="checkbox"/>
		Electrical Hazards	<input type="checkbox"/>
<b>SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS</b>			
Faulty Chainsaws	<input type="checkbox"/>	Untrained operator	<input type="checkbox"/>
Ropes inspected	<input checked="" type="checkbox"/>	Appropriate size	<input checked="" type="checkbox"/>
		WLL known	<input type="checkbox"/>
		Suitable guards	<input checked="" type="checkbox"/>
		Sharp knives	<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:			

