

Work Site Hazard and Risk Control Assessment



SECTION ONE: SITE DETAILS			
Site Address <i>Australian Golf Course</i>		Date of completion: <i>27-9-11</i>	
Person completing form: <i>Simon Pavlich</i>		Time of day: <i>7:00 am</i>	
Number of persons on site: <i>3</i>			
SECTION TWO: THE TASK			
Tick the tasks or works to be performed on this site during this day as listed below:			
<input type="checkbox"/> Felling	<input type="checkbox"/> Dismantling	<input type="checkbox"/> Pruning	<input checked="" type="checkbox"/> Slashing
<input checked="" type="checkbox"/> Chipping	<input type="checkbox"/> Tree Inspection	<input type="checkbox"/> Root Pruning	<input checked="" type="checkbox"/> Cutting Logs
<input type="checkbox"/> Excavating	<input type="checkbox"/> Tree restraint	<input type="checkbox"/> Seed Collection	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Stump Grinding	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Wildlife Boxes	<input 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:			
<input type="checkbox"/> Climbing Gear	<input type="checkbox"/> Work Platforms	<input type="checkbox"/> Ladders	<input checked="" type="checkbox"/> Mobile Cranes
<input type="checkbox"/> Chainsaw	<input checked="" type="checkbox"/> Stump Grinders	<input type="checkbox"/> Chippers	<input checked="" type="checkbox"/> Barrow / Trolley
<input type="checkbox"/> Truck Cranes	<input type="checkbox"/> Bob Cats	<input type="checkbox"/> Rigging Gear	<input checked="" type="checkbox"/> Signs / Cones
<input type="checkbox"/> 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 checked="" type="checkbox"/> Fungal brackets
<input type="checkbox"/> Open Cavities	<input checked="" type="checkbox"/> Cracks or splits	<input checked="" type="checkbox"/> Bees or wasps	<input checked="" type="checkbox"/> Termites
<input type="checkbox"/> Root Damage	<input checked="" type="checkbox"/> Moving in Ground	<input type="checkbox"/> Decayed Tree	<input type="checkbox"/> Unnatural lean
SECTION SIX: STAFF HAZARDS ON SITE			
<input type="checkbox"/> Insufficient Staff	<input checked="" type="checkbox"/> Excess Staff	<input 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 checked="" type="checkbox"/> Sharp Objects
<input type="checkbox"/> Thorny Vegetation	<input checked="" 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
All Hazards Identified	All Precautions Taken

Detail the Major Risk on Site:

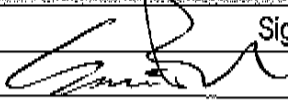
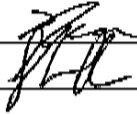
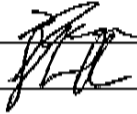
SECTION TEN: POSSIBLE INJURIES

Electrocution	Falling Objects	Slips and Trips	Falls from height
Major Cuts	Crushed / Pinned	Burns	Poisoning
Broken Bones	Chemical spills	Allergy	Foot injury

SECTION ELEVEN: POSSIBLE OUTCOME FROM RISK

Loss of Life	Permanent Injury	A month of work	First aid only
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SECTION TWELVE: CONTRACTORS AND EMPLOYEES MUST COMPLETE

	Print your name clearly	Signature
1	Sinon VAVICH	
2	Letic Pearson	
3	Alex Holden	
4		
5		
6		
7		
8		
9		
10		