

Work Site Hazard and Risk Control Assessment



SECTION ONE: SITE DETAILS

Site Address: *Australian Golf Club*

Person completing form: *Simon AVICH* Date of completion: *28.9.11*

Number of persons on site: _____ Time of day: *7:00am till 11:30am*

SECTION TWO: THE TASK

Tick the tasks or works to be performed on this site during this day as listed below:

Felling	<input type="checkbox"/>	Dismantling	<input type="checkbox"/>	Pruning	<input checked="" type="checkbox"/>	Slashing	<input type="checkbox"/>
Chipping	<input checked="" type="checkbox"/>	Tree Inspection	<input type="checkbox"/>	Root Pruning	<input type="checkbox"/>	Cutting Logs	<input checked="" 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	<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"/>	Ladders	<input 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 checked="" type="checkbox"/>
Truck Cranes	<input type="checkbox"/>	Bob Cats	<input type="checkbox"/>	Rigging Gear	<input type="checkbox"/>	Signs / Cones	<input checked="" type="checkbox"/>
Wire Winches	<input type="checkbox"/>	Lowering Device	<input type="checkbox"/>	Digging Gear	<input type="checkbox"/>	First Aid Kit	<input checked="" type="checkbox"/>

REMEMBER THE FOUR STEPS TO HAZARD ASSESSMENT

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|--------------------------------|---------------------------------|
| 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"/>	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	<input type="checkbox"/>

SECTION FIVE: TREE HAZARDS ON SITE

Dead Wood	<input checked="" type="checkbox"/>	Hollow Trunk	<input type="checkbox"/>	Dead Tree	<input checked="" type="checkbox"/>	Fungal brackets	<input checked="" type="checkbox"/>
Open Cavities	<input checked="" type="checkbox"/>	Cracks or splits	<input type="checkbox"/>	Bees or wasps	<input checked="" type="checkbox"/>	Termites	<input checked="" type="checkbox"/>
Root Damage	<input checked="" type="checkbox"/>	Moving in Ground	<input type="checkbox"/>	Decayed Tree	<input checked="" type="checkbox"/>	Unnatural lean	<input 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"/>
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SECTION SEVEN: SITE SPECIFIC HAZARDS

Steep Slopes	<input checked="" type="checkbox"/>	Uneven Ground	<input checked="" type="checkbox"/>	Slippery Surfaces	<input checked="" type="checkbox"/>	Holes / Trenches	<input checked="" type="checkbox"/>
Rocky Ground	<input checked="" type="checkbox"/>	Loose Surfaces	<input checked="" type="checkbox"/>	Pedestrian Traffic	<input checked="" type="checkbox"/>	Pits / Pipes / Drains	<input checked="" type="checkbox"/>
Debris on ground	<input checked="" type="checkbox"/>	Electricity or Gas	<input type="checkbox"/>	Poisonous Plants	<input checked="" type="checkbox"/>	Sharp Objects	<input checked="" type="checkbox"/>
Thorny Vegetation	<input checked="" type="checkbox"/>	Road Traffic	<input type="checkbox"/>	Poor Weather	<input type="checkbox"/>	Electrical Hazards	<input type="checkbox"/>

SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS

Faulty Chainsaws	<input type="checkbox"/>	Untrained operator	<input type="checkbox"/>	WLL known	<input type="checkbox"/>	Sharp knives	<input checked="" type="checkbox"/>
Ropes inspected	<input checked="" type="checkbox"/>	Appropriate size	<input checked="" type="checkbox"/>	Suitable guards	<input checked="" type="checkbox"/>	Blunt Chains	<input type="checkbox"/>

All Equipment inspected and Safe to use:

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:

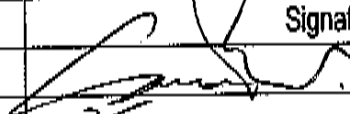

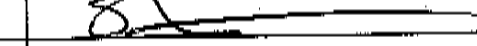
SECTION TEN: POSSIBLE INJURIES

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

SECTION ELEVEN: POSSIBLE OUTCOME FROM RISK

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

	Print your name clearly	Signature
1	Simon Kavich	
2	Luke Dawson	
3	Steen Gooding	
4		
5		
6		
7		
8		
9		
10		