

Work Site Hazard and Risk Control Assessment



SECTION ONE: SITE DETAILS			
Site Address: <i>Australian Golf Club</i>		Date of completion: <i>27-10-11</i>	
Person completing form: <i>Simon Pavich</i>		Time of day: <i>700am</i>	
Number of persons on site:			
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 checked="" type="checkbox"/>	Tree restraint	<input checked="" type="checkbox"/>
Stump Grinding	<input checked="" type="checkbox"/>	Deliveries	<input checked="" type="checkbox"/>
		Pruning	<input checked="" type="checkbox"/>
		Root Pruning	<input checked="" type="checkbox"/>
		Seed Collection	<input checked="" type="checkbox"/>
		Wildlife Boxes	<input checked="" type="checkbox"/>
		Slashing	<input checked="" type="checkbox"/>
		Cutting Logs	<input checked="" type="checkbox"/>
		Pest Control	<input checked="" type="checkbox"/>
		Traffic Control	<input checked="" 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 checked="" type="checkbox"/>
Chainsaw	<input checked="" type="checkbox"/>	Stump Grinders	<input checked="" type="checkbox"/>
Truck Cranes	<input checked="" type="checkbox"/>	Bob Cats	<input checked="" type="checkbox"/>
Wire Winches	<input checked="" 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 checked="" type="checkbox"/>
		Mobile Cranes	<input checked="" type="checkbox"/>
		Barrow / Trolley	<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 checked="" type="checkbox"/>	Heavy Rain	<input checked="" type="checkbox"/>
Sunny	<input checked="" type="checkbox"/>	Very Hot	<input checked="" type="checkbox"/>
		Light Wind	<input checked="" type="checkbox"/>
		Lightning Stormy	<input checked="" type="checkbox"/>
		High Wind	<input checked="" type="checkbox"/>
		Overcast	<input checked="" 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 checked="" type="checkbox"/>	Moving in Ground	<input checked="" type="checkbox"/>
		Dead Tree	<input checked="" type="checkbox"/>
		Bees or wasps	<input checked="" type="checkbox"/>
		Decayed Tree	<input checked="" type="checkbox"/>
		Fungal brackets	<input checked="" type="checkbox"/>
		Termites	<input checked="" type="checkbox"/>
		Unnatural lean	<input checked="" type="checkbox"/>
SECTION SIX: SITE HAZARDS ON SITE			
Insufficient Staff	<input checked="" type="checkbox"/>	Excess Staff	<input checked="" type="checkbox"/>
		Untrained Staff	<input checked="" type="checkbox"/>
		Unsupervised	<input checked="" type="checkbox"/>
SECTION SEVEN: SITE SPECIFIC HAZARDS			
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 checked="" type="checkbox"/>
Thorny Vegetation	<input checked="" type="checkbox"/>	Road Traffic	<input checked="" type="checkbox"/>
		Slippery Surfaces	<input checked="" type="checkbox"/>
		Pedestrian Traffic	<input checked="" type="checkbox"/>
		Poisonous Plants	<input checked="" type="checkbox"/>
		Poor Weather	<input checked="" type="checkbox"/>
		Holes / Trenches	<input checked="" type="checkbox"/>
		Pits / Pipes / Drains	<input checked="" type="checkbox"/>
		Sharp Objects	<input checked="" type="checkbox"/>
		Electrical Hazards	<input checked="" type="checkbox"/>
SECTION EIGHT: PLANT AND EQUIPMENT HAZARDS			
Faulty Chainsaws	<input checked="" 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"/>
		Suitable guards	<input checked="" type="checkbox"/>
		Sharp knives	<input checked="" type="checkbox"/>
		Blunt Chains	<input checked="" 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
<i>All Hazards Identified</i>	<i>All Precautions Taken</i>

Detail the Major Risk on Site:

SECTION TEN: POSSIBLE INJURIES

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

SECTION ELEVEN: POSSIBLE OUTCOME FROM RISK

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

	Print your name clearly	Signature
1	<i>luke</i>	
2	<i>Olen</i>	
3	<i>Scott</i>	
4	<i>Greg</i>	
5	<i>Kalton</i>	
6	-	
7		
8		
9		
10		