

# Work Site Hazard and Risk Control Assessment



SECTION ONE: SITE DETAILS			
Site Address: <i>Australian Golf Club</i>			
Person completing form: <i>Simon PAULICH</i>		Date of completion: <i>18-10-11</i>	
Number of persons on site: <i>4</i>		Time of day: <i>7:00am</i>	
SECTION TWO: THE TASK			
Tick the tasks or works to be performed on this site during this day as listed below:			
<input checked="" type="checkbox"/> Felling	<input checked="" type="checkbox"/> Dismantling	<input checked="" type="checkbox"/> Pruning	<input checked="" type="checkbox"/> Slashing
<input checked="" type="checkbox"/> Chipping	<input checked="" type="checkbox"/> Tree Inspection	<input checked="" type="checkbox"/> Root Pruning	<input checked="" type="checkbox"/> Cutting Logs
<input checked="" type="checkbox"/> Excavating	<input checked="" type="checkbox"/> Tree restraint	<input checked="" type="checkbox"/> Seed Collection	<input checked="" type="checkbox"/> Pest Control
<input checked="" type="checkbox"/> Stump Grinding	<input checked="" type="checkbox"/> Deliveries	<input checked="" type="checkbox"/> Wildlife Boxes	<input checked="" 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 checked="" type="checkbox"/> Climbing Gear	<input checked="" type="checkbox"/> Work Platforms	<input checked="" type="checkbox"/> Ladders	<input checked="" type="checkbox"/> Mobile Cranes
<input checked="" type="checkbox"/> Chainsaw	<input checked="" type="checkbox"/> Stump Grinders	<input checked="" type="checkbox"/> Chippers	<input checked="" type="checkbox"/> Barrow / Trolley
<input checked="" type="checkbox"/> Truck Cranes	<input checked="" type="checkbox"/> Bob Cats	<input checked="" type="checkbox"/> Rigging Gear	<input checked="" type="checkbox"/> Signs / Cones
<input checked="" type="checkbox"/> Wire Winches	<input checked="" 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 checked="" type="checkbox"/> Light Rain	<input checked="" type="checkbox"/> Heavy Rain	<input checked="" type="checkbox"/> Light Wind	<input checked="" type="checkbox"/> High Wind
<input checked="" type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Very Hot	<input checked="" type="checkbox"/> Lightning Stormy	<input checked="" type="checkbox"/> Overcast
SECTION FIVE: TREE HAZARDS ON SITE			
<input checked="" type="checkbox"/> Dead Wood	<input checked="" type="checkbox"/> Hollow Trunk	<input checked="" type="checkbox"/> Dead Tree	<input checked="" type="checkbox"/> Fungal brackets
<input checked="" type="checkbox"/> Open Cavities	<input checked="" type="checkbox"/> Cracks or splits	<input checked="" type="checkbox"/> Bees or wasps	<input checked="" type="checkbox"/> Termites
<input checked="" type="checkbox"/> Root Damage	<input checked="" type="checkbox"/> Moving in Ground	<input checked="" type="checkbox"/> Decayed Tree	<input checked="" type="checkbox"/> Unnatural lean
SECTION SIX: STAFF HAZARDS ON SITE			
<input checked="" type="checkbox"/> Insufficient Staff	<input checked="" type="checkbox"/> Excess Staff	<input checked="" type="checkbox"/> Untrained Staff	<input checked="" type="checkbox"/> Unsupervised
SECTION SEVEN: SITE SPECIFIC HAZARDS			
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Poisonous Plants	<input checked="" type="checkbox"/> Sharp Objects
<input checked="" type="checkbox"/> Thorny Vegetation	<input checked="" type="checkbox"/> Road Traffic	<input checked="" type="checkbox"/> Poor Weather	<input checked="" type="checkbox"/> Electrical Hazards
SECTION EIGHT: PLAN AND EQUIPMENT HAZARDS			
<input checked="" type="checkbox"/> Faulty Chainsaws	<input checked="" type="checkbox"/> Untrained operator	<input checked="" type="checkbox"/> WLL known	<input checked="" 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
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:

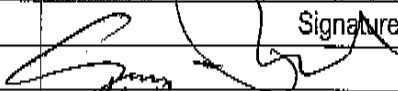

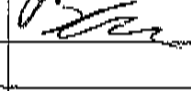
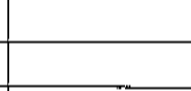
**SECTION TEN POSSIBLE INJURIES**

<input type="checkbox"/> Electrocutation	<input checked="" type="checkbox"/> Falling Objects	<input checked="" type="checkbox"/> Slips and Trips	<input checked="" type="checkbox"/> Falls from height
<input type="checkbox"/> Major Cuts	<input checked="" type="checkbox"/> Crushed / Pinned	<input checked="" type="checkbox"/> Burns	<input checked="" type="checkbox"/> Poisoning
<input type="checkbox"/> Broken Bones	<input checked="" 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	Simon RAVICH	
2	Aileen Holder	
3	Kevlon Phipps	
4	LMC Pearson	
5		
6		
7		
8		
9		
10		